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| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | ☐ Chapter 7                   |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | Chapter 13                    | ☐ Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | Part 1: Identify Yourself  |  |   |   |  |  |  |
|-----|--|--|---|---|--|--|--|
|     |  | About Debtor 1:                          |   | About Debtor 2 (Spouse Only in a Joint Case): |  |  |  |
| 1.  | Your full name   |  |   |   |  |  |  |
|     | Write the name that is on your government-issued picture identification (for   | Yousif First name                        | _ | Amal First name                               |  |  |  |
|     | example, your driver's license or passport).   | Middle name                              | - | Middle name                                   |  |  |  |
|     | Bring your picture identification to your meeting with the trustee.  | Youtem                                   |   | Youtem  |  |  |  |
|     |  | Last name and Suffix (Sr., Jr., II, III) |   | Last name and Suffix (Sr., Jr., II, III)      |  |  |  |
|     |  |  |   |   |  |  |  |
| 2.  | All other names you have used in the last 8 years  |  |   | Amal Spandiary                                |  |  |  |
|     | Include your married or maiden names.  |  |   |   |  |  |  |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-3247                              |   | xxx-xx-3380                                   |  |  |  |

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Debtor 1 Yousif Youtem Debtor 2 Amal Youtem

Case number (if known)

|   |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |  |
|---|---|---|---|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names |   | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ■ I have not used any business name or EINs.  Business name(s)  EINs  |  |  |  |
| 5.  | Where you live  | 515 Falmouth Lane   | If Debtor 2 lives at a different address:   |  |  |  |
|   |   | Schaumburg, IL 60193  Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code  |  |  |  |
|   | Cook  |   |   |  |  |  |
|   |   | County  | County  |  |  |  |
|   |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |  |  |  |
|   |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |  |  |  |
| 6.  | Why you are choosing this district to file for bankruptcy | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |  |  |  |
|   |   |   |   |  |  |  |

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| Debi |                        | Yousif Youtem<br>Amal Youtem                               |            |   | Document  | гаус 3<br>—                           | _   | umber (if known)                            |  |
|------|------------------------|--|------------|---|---|---------------------------------------|---|---|--|
| Part | 2:                     | Tell the Court About \                                     | Your       | Bankruptcy Ca                                   | se  |                                       |   |   |  |
| 7.   |                        | The chapter of the<br>Bankruptcy Code you are              |            |   | orief description of each, see go to the top of page 1 and o  |                                       |   | C. § 342(b) for Individ                     | uals Filing for Bankruptcy                                       |
|      | choosing to file under |  |            | Chapter 7                                       |   |                                       |   |   |  |
|      |                        |  |            | Chapter 11                                      |   |                                       |   |   |  |
|      |                        |  |            | Chapter 12                                      |   |                                       |   |   |  |
|      |                        |  |            | Chapter 13                                      |   |                                       |   |   |  |
| 8.   | How                    | you will pay the fee                                       | •          | about how yo                                    | entire fee when I file my p<br>u may pay. Typically, if you a<br>attorney is submitting your p<br>address.  | are paying                            | the fee yourself, y                           | ou may pay with cash                        | n, cashier's check, or money                                     |
|      |                        |  |            |   | the fee in installments. If   |                                       | e this option, sign                           | and attach the Applica                      | ation for Individuals to Pay                                     |
|      |                        |  |            | I request that<br>but is not requapplies to you | e in Installments (Official For<br>t my fee be waived (You ma<br>uired to, waive your fee, and<br>ur family size and you are un<br>on to Have the Chapter 7 Filin | ay request<br>may do so<br>able to pa | o only if your incor<br>y the fee in installr | ne is less than 150% onents). If you choose | of the official poverty line that this option, you must fill out |
|      |                        |  |            | ше ярлеане                                      | in to riave the Ghapter 7 Till  | ng r cc we                            | wed (Official Forfi                           | in 100b) and the it with                    | ryour pouton.  |
| 9.   | bank                   | you filed for<br>ruptcy within the<br>3 years?             | □ N<br>■ Y |   |   |                                       |   |   |  |
|      | iasi                   | o years:   | _ '        | District  | Northern District Of  | When                                  | 12/05/13                                      | Case number                                 | 13-46812   |
|      |                        |  |            | District  |   | —<br>When                             |   | Case number                                 |  |
|      |                        |  |            | District  |   | When                                  |   | Case number                                 |  |
| 10.  | case                   | any bankruptcy<br>s pending or being<br>by a spouse who is | ■ N        |   |   |                                       |   |   |  |
|      | not f<br>you,          | iling this case with<br>or by a business<br>ner, or by an  |            |   |   |                                       |   |   |  |
|      |                        |  |            | Debtor  |   |                                       |   | Relationship to y                           | · -  |
|      |                        |  |            | District  |   | When                                  |   | Case number, if                             |  |
|      |                        |  |            | Debtor  |   | \A/I <sub>2</sub>                     |   | Relationship to y                           | ·  |
|      |                        |  |            | District  |   | When                                  |   | Case number, if                             | known  |
| 11.  |                        | ou rent your<br>lence?                                     |            | lo. Go to li                                    | ine 12.   |                                       |   |   |  |
|      | 16210                  | ende f   | ПΥ         | es. Has yo                                      | ur landlord obtained an evict   | tion judgm                            | ent against you?                              |   |  |
|      |                        |  |            |   | No. Go to line 12.  |                                       |   |   |  |
|      |                        |  |            |   | Yes. Fill out <i>Initial Statemer</i> this bankruptcy petition.   | nt About ai                           | า Eviction Judgme                             | nt Against You (Form                        | 101A) and file it as part of                                     |

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Debtor 1 Yousif Youtem

| Deb | otor 2 Amal Youtem  |                                      |  |  | Case number (if known)  |  |  |  |
|-----|---|--------------------------------------|--|--|---|--|--|--|
|     |   |                                      |  |  |   |  |  |  |
| Par | Report About Any Bu   | ısinesses                            | You Owr  | ı as a Sole Proprie                                  | tor   |  |  |  |
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.                                | ■ No. Go to Part 4.  |  |   |  |  |  |
|     |   | ☐ Yes. Name and location of business |  |  |   |  |  |  |
|     | A sole proprietorship is a  |                                      |  |  |   |  |  |  |
|     | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                                      |  | e of business, if any                                |   |  |  |  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |                                      | Numb   | oer, Street, City, Stat                              | te & ZIP Code   |  |  |  |
|     | it to this petition.  |                                      | Chec   | Check the appropriate box to describe your business: |   |  |  |  |
|     |   |                                      |  | Health Care Busir                                    | ness (as defined in 11 U.S.C. § 101(27A))   |  |  |  |
|     |   |                                      |  | Single Asset Real                                    | Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |
|     |   |                                      |  | Stockbroker (as d                                    | lefined in 11 U.S.C. § 101(53A))  |  |  |  |
|     |   |                                      |  | Commodity Broke                                      | er (as defined in 11 U.S.C. § 101(6))   |  |  |  |
|     |   |                                      |  | None of the above                                    | e   |  |  |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?                           | deadline operation                   | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B). |  |   |  |  |  |
|     | For a definition of small   | ■ No.                                | I am r   | I am not filing under Chapter 11.                    |   |  |  |  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                                | I am f<br>Code   |  | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |  |  |
|     |   | ☐ Yes.                               | I am f   | iling under Chapter                                  | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |
| Par | t 4: Report if You Own or   | Have Any                             | / Hazardo  | ous Property or An                                   | y Property That Needs Immediate Attention   |  |  |  |
| 14. | Do you own or have any property that poses or is  | ■ No.                                |  |  |   |  |  |  |
|     | alleged to pose a threat<br>of imminent and<br>identifiable hazard to   | ☐ Yes.                               | What is  | the hazard?  |   |  |  |  |
|     | public health or safety? Or do you own any property that needs immediate attention?   |                                      |  | diate attention is why is it needed?                 |   |  |  |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                 |                                      | Where is   | s the property?                                      |   |  |  |  |
|     | - ,   |                                      |  |  | Number, Street, City, State & Zip Code  |  |  |  |
|     |   |                                      |  |  |   |  |  |  |

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Debtor 1 Yousif Youtem
Debtor 2 Amal Youtem Case number (if known)

Part 5: Explain Your Eff

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 18-00157 Doc 1 Filed 01/03/18 Entered 01/03/18 20:48:01 Desc Main Document Page 6 of 65

|   | tor 2 Amal Youtem   |   |  |   | Case nu                       | umber (if known)             |  |  |
|---|---|---|--|---|-------------------------------|------------------------------|--|--|
| Part                                    | 6: Answer These Questi  | ions for Re   | eporting Purposes  |   |                               |                              |  |  |
|   | What kind of debts do you have?                                   | 16a.  | 6a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred be individual primarily for a personal, family, or household purpose."        |   |                               |                              |  |  |
|   |   |   | ☐ No. Go to line 16b.  |   |                               |                              |  |  |
|   |   |   | Yes. Go to line 17.  |   |                               |                              |  |  |
|   |   | 16b.  | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |   |                               |                              |  |  |
|   |   |   | ☐ No. Go to line 16c.  |   |                               |                              |  |  |
|   |   |   | ☐ Yes. Go to line 17.  |   |                               |                              |  |  |
|   |   | 16c.  | State the type of debts you owe th   | nat are not consum  | er debts or bus               | siness debts                 |  |  |
| 17.                                     | Are you filing under Chapter 7?                                   | ■ No.   | I am not filing under Chapter 7. Go  | o to line 18.   |                               |                              |  |  |
|   | Do you estimate that after any exempt property is excluded and    | ☐ Yes.  |  | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? |                               |                              |  |  |
|   | administrative expenses are paid that funds will be available for |   | □ No   |   |                               |                              |  |  |
|   |   |   | □Yes   |   |                               |                              |  |  |
| distribution to unsecured<br>creditors? |   |   |  |   |                               |                              |  |  |
| 18.                                     | How many Creditors do   | □ 1-49  |  | <b>1</b> ,000-5,000   |                               | <b>2</b> 5,001-5             | 50,000   |  |
|   | you estimate that you owe?  | 50-99   |  | ☐ 5001-10,000<br>☐ 40,004,05,00   |                               | ☐ 50,001-1                   |  |  |
|   |   | ☐ 100-19<br>☐ 200-99  |  | □ 10,001-25,00  | 0                             | ☐ More tha                   | IN 100,000   |  |
| 19.                                     | How much do you   | □ \$0 - \$t   | <br>50,000   | □ \$1,000,001 -   | \$10 million                  | □ \$500,00                   | 0,001 - \$1 billion                                |  |
|   | estimate your assets to be worth?                                 |   | 01 - \$100,000   | \$10,000,001  |                               |                              | 00,001 - \$10 billion                              |  |
|   |   | ■ \$100,001 - \$500,000<br>□ \$500,001 - \$1 million  |  | □ \$50,000,001<br>□ \$100,000,00  |                               |                              | .000,001 - \$50 billion<br>In \$50 billion         |  |
|   |   | <b>—</b> \$500,0  |  |   |                               |                              |  |  |
| 20.                                     | How much do you estimate your liabilities                         | □ \$0 - \$£   |  | <u> </u>  |                               | ·                            | 0,001 - \$1 billion                                |  |
|   | to be?  |   | 001 - \$100,000  | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million  |                               |                              | 000,001 - \$10 billion<br>1,000,001 - \$50 billion |  |
|   |   |   | 001 - \$500,000<br>001 - \$1 million   | □ \$100,000,001   |                               | _                            | an \$50 billion                                    |  |
|   |   | +555,   |  |   |                               |                              |  |  |
| Par                                     | 7: Sign Below   |   |  |   |                               |                              |  |  |
| For                                     | you   | I have ex   | amined this petition, and I declare u  | under penalty of pe   | erjury that the in            | information provided is      | true and correct.                                  |  |
|   |   | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |  |   |                               |                              |  |  |
|   |   |   | rney represents me and I did not pa<br>tt, I have obtained and read the noti   |   |                               |                              | elp me fill out this                               |  |
|   |   | I request   | relief in accordance with the chapte   | er of title 11, Unite   | d States Code,                | , specified in this petition | on.  |  |
|   |   |   | and making a false statement, conc<br>cy case can result in fines up to \$25   |   |                               |                              |  |  |
|   |   |   | sif Youtem   |   | /s/ Amal You                  |                              |  |  |
|   |   | Yousif \ Signature  | Youtem<br>e of Debtor 1  |   | Amal Youter<br>Signature of D |                              |  |  |
|   |   | Executed  | January 3, 2018  MM / DD / YYYY  |   | Executed on                   | January 3, 2018              |  |  |
|   |   |   | IVIIVI / DD / 1 I I I  |   |                               | וווו / טט / וויויוי          |  |  |

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| Debtor 1<br>Debtor 2 | Yousif Youtem<br>Amal Youtem                   | Document  | Page 7 of 65             | ase number (if known)    |                             |
|----------------------|--|---|--------------------------|--------------------------|-----------------------------|
|                      |  |   |                          |                          |                             |
| •                    | attorney, if you are<br>ed by one              | I, the attorney for the debtor(s) named in this under Chapter 7, 11, 12, or 13 of title 11, Unit for which the person is eligible. I also certify | ed States Code, and have | e explained the relief a | vailable under each chapter |
| •                    | not represented by ey, you do not need s page. | and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect.  |                          |                          |                             |
|                      |  | /s/ Kenneth J. Chapman Signature of Attorney for Debtor   | Date                     | January 3, 201           | 18                          |

Email address

Kenneth J. Chapman 6284537

1901 N. Roselle Rd., Suite 800 Schaumburg, IL 60195 Number, Street, City, State & ZIP Code

Contact phone (800) 741-1504

Law Office Of Kenneth J. Chapman Firm name

Printed name

**6284537**Bar number & State

KJChap@netscape.com

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|   |                    | 170(.1111         | eni Paue o di di | 1 |
|---|--------------------|-------------------|------------------|---|
| Fill in this information                | to identify your c | ase:              |                  |   |
| Debtor 1 You                            | usif Youtem        |                   |                  |   |
| First I                                 | Name               | Middle Name       | Last Name        |   |
| Debtor 2 Am                             | al Youtem          |                   |                  |   |
| (Spouse if, filing) First I             | Name               | Middle Name       | Last Name        |   |
| United States Bankruptcy Court for the: |                    | NORTHERN DISTRICT | OF ILLINOIS      |   |
| Case number                             |                    |                   |                  |   |
| (if known)                              |                    |                   |                  |   |
|   |                    |                   |                  |   |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |   | Your a      | ssets<br>of what you own |
|-----|---|-------------|--------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 249,300.00               |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$          | 105,772.90               |
|     | 1c. Copy line 63, Total of all property on Schedule A/B   | \$          | 355,072.90               |
| Pa  | st 2: Summarize Your Liabilities  |             |                          |
|     |   |             | abilities<br>at you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 301,791.00               |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$          | 11,652.24                |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$          | 18,617.69                |
|     | Your total liabilities  | \$          | 332,060.93               |
| Pa  | tt 3: Summarize Your Income and Expenses  |             |                          |
| 1.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$          | 6,950.56                 |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$          | 5,080.5                  |
| Pai | Answer These Questions for Administrative and Statistical Records   |             |                          |
| S.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                    | ır other sc | hedules.                 |
| 7.  | ■ Yes What kind of debt do you have?  |             |                          |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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|          |               | Document | Page 9 of 65           |
|----------|---------------|----------|------------------------|
|          | Yousif Youtem |          | 9                      |
| Debtor 2 | Amal Youtem   |          | Case number (if known) |

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

12,690.88

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total c | laim      |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following:   |         |           |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 11,652.24 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$      | 0.00      |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 11,652.24 |

| ormation to identify  |   | Document   | Page 10 of 65  |                        |  |
|---|---|--|--|------------------------|--|
|   | your case and th  |  |  |                        |  |
| Yousif Yout   |   | Namo   | Last Namo  |                        |  |
|   | m   |  | Last Name  |                        |  |
| Bankruptcy Court for  | rthe: NORTHER   | N DISTRICT OF ILL  | INOIS  |                        |  |
|   |   |  | _  |                        | ☐ Check if this is an amended filing                                   |
| , separately list and o<br>Be as complete and<br>ore space is needed,<br>testion. | lescribe items. List<br>accurate as possibl<br>attach a separate si   | le. If two married peop<br>heet to this form. On th  | le are filing together, both are<br>he top of any additional pages   | equally responsible f  | or supplying correct   |
|   |   |  |  |                        |  |
| mouth Lane  |   | Single-family  | home   |                        | ed claims or exemptions. Put ecured claims on Schedule D:              |
| ss, if available, or other de   | scription   | ш .  | <del>-</del>   |                        | Claims Secured by Property.  |
| aburg IL State  | 60193-0000<br>ZIP Code  | Land   |  | entire property?       | portion you own?   |
|   |   | ☐ Timeshare ☐ Other Who has an interes   | st in the property? Check one  | (such as fee simple    | e of your ownership interest<br>, tenancy by the entireties, or<br>wn. |
|   |   | Debtor 1 only  |  | Fee simple             |  |
|   |   | Debtor 2 only  |  |                        |  |
|   |   | ■ Debtor 1 and   | Debtor 2 only  | Check if this is       |  |
|   | First Name  Bankruptcy Court for 106A/E  ILE A/B: P  To separately list and one space is needed, lestion.  Be Each Residence, Be or have any legal or expert 2.  The is the property?  The is the property? | Amal Youtem First Name Middle Bankruptcy Court for the: NORTHER  Corm 106A/B Ile A/B: Property  A, separately list and describe items. List Be as complete and accurate as possible to space is needed, attach a separate sizestion.  The Each Residence, Building, Land, or Other have any legal or equitable interest in a spart 2.  The is the property?  The mouth Lane  See if available, or other description  The Bankruptcy Court for the: NORTHER  The A/B: Property  The A/ | Amal Youtem  First Name   Middle Name    Bankruptcy Court for the:   NORTHERN DISTRICT OF ILL    NORTHERN DISTRICT OF ILL   NORTH | Amal Youtem First Name | Amal Youtem First Name   |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$249,300.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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|   | mal Youtem  | Ca  | ase number (if known)  |  |  |
|---|---|---|--|--|--|
| cars, vans,<br>No                         | trucks, tractors, sport utility ve  | hicles, motorcycles   |  |  |  |
| I No<br>I Yes                             |   |   |  |  |  |
|   |   |   |  |  |  |
| 1 Make:<br>Model:                         | Mercedes-Benz<br>ML550  | Who has an interest in the property? Check one ☐ Debtor 1 only  | Do not deduct secured claims or exemptions. Put<br>the amount of any secured claims on Schedule D:<br>Creditors Who Have Claims Secured by Property. |  |  |
| Year:                                     | 2009  | Debtor 2 only   | Current value of the   | Current value of the   |  |
|   | nate mileage: <b>57,000</b> ormation:   | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another  | entire property?   | portion you own?   |  |
|   |   | ☐ Check if this is community property (see instructions)  | \$22,340.00  | \$22,340.0   |  |
| 2 Make:<br>Model:                         | Mercedes-Benz<br>CLS550   | Who has an interest in the property? Check one  Debtor 1 only   | the amount of any secure   | laims or exemptions. Put<br>ed claims on Schedule D:<br>ims Secured by Property. |  |
| Year:                                     | 2012  | Debtor 2 only   | Current value of the   | Current value of the   |  |
|   | nate mileage: 46,000  | Debtor 1 and Debtor 2 only  | entire property?   | portion you own?   |  |
| Other inf                                 | ormation:   | At least one of the debtors and another   |  |  |  |
|   |   | ☐ Check if this is community property (see instructions)  | \$38,500.00  | \$38,500.0   |  |
| 3 Make:<br>Model:                         | Mercedes-Benz<br>C300   | Who has an interest in the property? Check one ☐ Debtor 1 only  | the amount of any secure   | laims or exemptions. Put<br>ed claims on Schedule D:<br>ims Secured by Property. |  |
| Year:                                     | 2009  | Debtor 2 only   | Current value of the   | Current value of the   |  |
| Approxin                                  | nate mileage: <b>75,000 miles</b>   | Debtor 1 and Debtor 2 only  | entire property?   | portion you own?   |  |
|   | ormation:   | At least one of the debtors and another   |  |  |  |
| Niece                                     | s Vehicle   | Check if this is community property (see instructions)  | \$15,422.00  | \$15,422.0   |  |
|   | aircraft, motor homes. ATVs ar  |   | nd accessories   |  |  |
|   |   | nd other recreational vehicles, other vehicles, an atercraft, fishing vessels, snowmobiles, motorcycle a                    |  |  |  |
| xamples: B I No I Yes Add the do          | oats, trailers, motors, personal wa   |   | accessories ny entries for   | \$76,262.00  |  |
| No Yes  Add the dopages you  t 3: Descri  | oats, trailers, motors, personal was ollar value of the portion you ow have attached for Part 2. Write the Your Personal and Household It   | atercraft, fishing vessels, snowmobiles, motorcycle a on for all of your entries from Part 2, including ar that number here | ny entries for   |  |  |
| No Yes  Add the dopages you  13: Descri   | oats, trailers, motors, personal was ollar value of the portion you ow have attached for Part 2. Write the Your Personal and Household It   | rn for all of your entries from Part 2, including arthat number here  | ny entries for   | Current value of the portion you own?  |  |
| Add the dopages you  To Descripyou own of | oats, trailers, motors, personal was ollar value of the portion you ow have attached for Part 2. Write the Your Personal and Household It or have any legal or equitable in goods and furnishings Major appliances, furniture, linens | orn for all of your entries from Part 2, including are that number hereems terest in any of the following items?            | ny entries for   | Current value of the portion you own? Do not deduct secured                      |  |

Official Form 106A/B Schedule A/B: Property page 2

|    |                    | Case 18-00157   | Doc 1           | Filed 01/03/18<br>Document | Entered 01/03/18 20:4<br>Page 12 of 65   | 8:01 Desc Main                                  |             |
|----|--------------------|---|-----------------|----------------------------|--|---|-------------|
|    | ebtor 1<br>ebtor 2 | Yousif Youtem Amal Youtem   |                 |                            | Case number (                            | if known)                                       |             |
|    | ■ No               | es: Televisions and radios;<br>including cell phones, o                                     |                 |                            | ment; computers, printers, scanners      | music collections; electroni                    | ic devices  |
|    | ☐ Yes.             | Describe  |                 |                            |  |   |             |
|    | Example  No        | bles of value es: Antiques and figurines; other collections, mem  Describe                  |                 |                            | oks, pictures, or other art objects; sta | mp, coin, or baseball card co                   | ollections; |
|    |                    | Books   | And Pictur      | es                         |  |   | \$75.00     |
|    | Example  No        | ent for sports and hobbie<br>es: Sports, photographic, e<br>musical instruments<br>Describe |                 | other hobby equipment;     | picycles, pool tables, golf clubs, skis; | canoes and kayaks; carpen                       | ntry tools; |
|    | ■ No               | ns bles: Pistols, rifles, shotgun Describe  | s, ammunitio    | n, and related equipment   |  |   |             |
|    | □ No               | <b>s</b> bles: Everyday clothes, furs  Describe   | s, leather coat | s, designer wear, shoes,   | accessories                              |   |             |
|    |                    | Clothir   | ng              |                            |  |   | \$450.00    |
|    | □ No ·             | oles: Everyday jewelry, cos   |                 | engagement rings, wed      | ding rings, heirloom jewelry, watches    | gems, gold, silver                              | \$250.00    |
|    |                    | Misc.   | Jewelry         |                            |  |   | \$250.00    |
|    | Examp<br>■ No      | rm animals  bles: Dogs, cats, birds, hore  Describe   | ses             |                            |  |   |             |
|    | No                 | her personal and househ   | -               | u did not already list, iı | ncluding any health aids you did n       | ot list   |             |
|    | . Add t            |   | our entries f   |                            | ny entries for pages you have attao      | :hed \$2,                                       | ,275.00     |
|    |                    | scribe Your Financial Assets  |                 |                            |  |   | 6 - 1       |
| DC | you ow             | vn or have any legal or ed  | quitable inter  | est in any of the follow   | ing r                                    | Current value<br>portion you of<br>Do not deduc | own?        |

Official Form 106A/B Schedule A/B: Property page 3

claims or exemptions.

Entered 01/03/18 20:48:01 Case 18-00157 Doc 1 Filed 01/03/18 Desc Main Page 13 of 65 Document Debtor 1 Yousif Youtem Debtor 2 **Amal Youtem** Case number (if known) 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ Yes..... Cash \$15.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... **Checking Account - Andigo Bank** \$225.00 17.1. **Health Savings Account - Zurich North America** \$833.40 17.2 Savings Account - Andigo Bank \$13,740.00 17.3. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: \$12,422.50 401(k) 401K - Zurich North America 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No ☐ Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

Schedule A/B: Property

Official Form 106A/B

page 4

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|-----|----------------------|--|--------------------------|-----------------------------|---|--|
|     | ebtor 1<br>ebtor 2   | Yousif Youtem Amal Youtem  |                          |                             | Case number (if known)  |  |
|     | ■ No<br>□ Yes        | Institution na   | ame and desc             | ription. Separately file th | e records of any interests.11 U.S.C. § 521(c):  |  |
|     | Trusts,<br>■ No      | equitable or future intere   | ests in prope            | rty (other than anythin     | g listed in line 1), and rights or powers exe   | rcisable for your benefit  |
|     |                      | Give specific information a  | bout them                |                             |   |  |
|     |                      | s, copyrights, trademarks<br>oles: Internet domain names                         |                          |                             |   |  |
|     | ☐ Yes.               | Give specific information a  | bout them                |                             |   |  |
|     | Examp ■ No           |  | sive licenses            |                             | n holdings, liquor licenses, professional licens  | es   |
|     | ☐ Yes.               | Give specific information a  | bout them                |                             |   |  |
| М   | oney or <sub> </sub> | property owed to you?  |                          |                             |   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 28. | Tax ref              | unds owed to you   |                          |                             |   |  |
|     | ■ No<br>□ Yes.       | Give specific information at   | oout them, inc           | sluding whether you alrea   | ady filed the returns and the tax years   |  |
|     | Examp<br>■ No        | support  oles: Past due or lump sum  Give specific information                   |                          | usal support, child suppo   | ort, maintenance, divorce settlement, property  | settlement   |
| 30. |                      | amounts someone owes y<br>bles: Unpaid wages, disabili<br>benefits; unpaid loans | ty insurance p           |                             | efits, sick pay, vacation pay, workers' comper  | nsation, Social Security   |
|     |                      | Give specific information  |                          |                             |   |  |
| 31. |                      | ts in insurance policies<br>oles: Health, disability, or life                    | e insurance; h           | nealth savings account (I   | HSA); credit, homeowner's, or renter's insurar  | nce  |
|     | ☐ Yes.               | Name the insurance compa<br>Com  | any of each popany name: | olicy and list its value.   | Beneficiary:  | Surrender or refund value:   |
| 32. | If you a             | erest in property that is dare the beneficiary of a livin ne has died.           |                          |                             | d surance policy, or are currently entitled to rece   | eive property because  |
|     | ☐ Yes.               | Give specific information  |                          |                             |   |  |
|     | Examp ■ No           | oles: Accidents, employmen   |                          |                             | t or made a demand for payment to sue   |  |
|     |                      | Describe each claim  | ad al-t-                 |                             | n accompany and the delice of | and off plating  |
|     | ■ No                 | contingent and unliquidat  | ed claims of             | every nature, including     | g counterclaims of the debtor and rights to   | set off ciaims   |
|     | Any fin<br>■ No      | ancial assets you did not  | already list             |                             |   |  |

|              | Case 16-00157 Duc 1 Filed 01/0                                    |                                | 1/03/16 20.46.01<br>65    | Desc Main               |
|--------------|---|--------------------------------|---------------------------|-------------------------|
| Debtor       | 1 Yousif Youtem Docume  | ii Paye 15 0i                  | 03                        |                         |
| Debtor       | 2 Amal Youtem   |                                | Case number (if known)    |                         |
|              | es. Give specific information                                     |                                |                           |                         |
|              |   |                                | -                         |                         |
|              | dd the dollar value of all of your entries from Part 4, inclu     |                                |                           | <b>\$27.225.00</b>      |
| fo           | or Part 4. Write that number here                                 |                                |                           | \$27,235.90             |
| D. 45        | In  |                                |                           |                         |
| Part 5:      | Describe Any Business-Related Property You Own or Have an II      | iterest in. List any real esta | ite in Part 1.            |                         |
|              | ou own or have any legal or equitable interest in any business-re | elated property?               |                           |                         |
| ■ No         | o. Go to Part 6.  |                                |                           |                         |
| ☐ Ye         | es. Go to line 38.  |                                |                           |                         |
|              |   |                                |                           |                         |
| Part 6:      | Describe Any Farm- and Commercial Fishing-Related Property        | ou Own or Have an Interes      | st In.                    |                         |
|              | If you own or have an interest in farmland, list it in Part 1.    |                                |                           |                         |
| 46 Do        | you own or have any legal or equitable interest in any far        | m- or commercial fishir        | ug-related property?      |                         |
| _            | No. Go to Part 7.   | m- or commercial nam           | ig-related property:      |                         |
|              | Yes. Go to line 47.   |                                |                           |                         |
| _            | 163. Go to line 47.   |                                |                           |                         |
| Part 7:      | Describe All Property You Own or Have an Interest in That         | You Did Not List Above         |                           |                         |
| raitr.       | besombe Air reporty fou own or have an interest in that           | Tou Diu Not List Above         |                           |                         |
|              | you have other property of any kind you did not already I         | ist?                           |                           |                         |
| E)           | ramples: Season tickets, country club membership                  |                                |                           |                         |
| _            | o  'es. Give specific information                                 |                                |                           |                         |
| ш :          | es. Give specific information                                     |                                |                           |                         |
| 54. <b>A</b> | dd the dollar value of all of your entries from Part 7. Write     | that number here               |                           | \$0.00                  |
| •            |   |                                |                           | Ψ0.00                   |
| Part 8:      | List the Totals of Each Part of this Form                         |                                |                           |                         |
|              |   |                                |                           |                         |
| 55. <b>P</b> | art 1: Total real estate, line 2                                  |                                |                           | \$249,300.00            |
|              | art 2: Total vehicles, line 5                                     | \$76,262.00                    |                           |                         |
|              | art 3: Total personal and household items, line 15                | \$2,275.00                     |                           |                         |
|              | art 4: Total financial assets, line 36                            | \$27,235.90                    |                           |                         |
|              | art 5: Total business-related property, line 45                   | \$0.00                         |                           |                         |
|              | art 6: Total farm- and fishing-related property, line 52          | \$0.00                         |                           |                         |
| 61. <b>P</b> | art 7: Total other property not listed, line 54                   | + \$0.00                       |                           |                         |
| 62. <b>T</b> | otal personal property. Add lines 56 through 61                   | \$105,772.90                   | Copy personal property to | tal <b>\$105,772.90</b> |
|              | -   |                                |                           |                         |
| 63. <b>T</b> | otal of all property on Schedule A/B. Add line 55 + line 62       |                                |                           | \$355,072.90            |

Official Form 106A/B Schedule A/B: Property page 6

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|                     |                           | 17(7(4)1111)      | 111 1 7000 100 000 |  |
|---------------------|---------------------------|-------------------|--------------------|--|
| Fill in this info   | rmation to identify your  | case:             |                    |  |
| Debtor 1            | Yousif Youtem             |                   |                    |  |
|                     | First Name                | Middle Name       | Last Name          |  |
| Debtor 2            | Amal Youtem               |                   |                    |  |
| (Spouse if, filing) | First Name                | Middle Name       | Last Name          |  |
| United States E     | Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS        |  |
| Case number         |                           |                   |                    |  |
| (if known)          |                           |                   |                    |  |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identif | y the | Property | / You | Claim | as | Exempt | t |
|-----------------|-------|----------|-------|-------|----|--------|---|
|-----------------|-------|----------|-------|-------|----|--------|---|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |
|---|--------------------------------------|-----------------------------------|---|------------------------------------|
|   | Copy the value from<br>Schedule A/B  | Che                               |   |                                    |
| 515 Falmouth Lane `Schaumburg, IL 60193 Cook County                                 | \$249,300.00                         |                                   | \$22,426.00   | 735 ILCS 5/12-901                  |
| Line from Schedule A/B: 1.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2009 Mercedes-Benz ML550 57,000 miles   | \$22,340.00                          |                                   | \$4.00  | 735 ILCS 5/12-1001(c)              |
| Line from Schedule A/B: 3.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2012 Mercedes-Benz CLS550 46,000 miles  | \$38,500.00                          |                                   | \$1,361.00  | 735 ILCS 5/12-1001(c)              |
| Line from Schedule A/B: 3.2   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Misc. Household Items - No One Item<br>Exceeds \$500.00                             | \$1,500.00                           |                                   | \$1,500.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 6.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Books And Pictures Line from Schedule A/B: 8.1                                      | \$75.00                              |                                   | \$75.00   | 735 ILCS 5/12-1001(a)              |
| Line from Scriedule A/D. S. I   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |

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**Amal Youtem** Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Clothing 735 ILCS 5/12-1001(a) \$450.00 \$450.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Misc. Jewelry 735 ILCS 5/12-1001(b) \$250.00 \$250.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Cash 735 ILCS 5/12-1001(b) \$15.00 \$15.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit **Checking Account - Andigo Bank** 735 ILCS 5/12-1001(b) \$225.00 \$225.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit **Health Savings Account - Zurich** 735 ILCS 5/12-1001(b) \$833.40 \$833.40 **North America** Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit Savings Account - Andigo Bank 735 ILCS 5/12-1001(b) \$5,176.60 \$13,740.00 Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit 401(k): 401K - Zurich North America 735 ILCS 5/12-1006 \$12,422.50 \$12,422.50 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

| 3  | Are vou | claiming a    | homostoad | exemption of | f more tha    | n \$160 3752        |
|----|---------|---------------|-----------|--------------|---------------|---------------------|
| J. | AIE you | Ciallilling a | Homesteau | exemplion o  | i illore illa | 1 0 1 0 0 , 3 1 3 1 |

No

Yes

**Yousif Youtem** 

Debtor 1

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|                     |                           |   | Page 1      | 8 of 65                  |                        |               |
|---------------------|---------------------------|---|-------------|--------------------------|------------------------|---------------|
| Fill in this infor  | mation to identify you    | ır case:  |             |                          |                        |               |
| Debtor 1            | Yousif Youtem             |   |             |                          |                        |               |
|                     | First Name                | Middle Name La  | ast Name    |                          |                        |               |
| Debtor 2            | <b>Amal Youtem</b>        |   |             |                          |                        |               |
| (Spouse if, filing) | First Name                | Middle Name La  | ast Name    |                          |                        |               |
| United States Ba    | ankruptcy Court for the:  | NORTHERN DISTRICT OF ILLING   | OIS         |                          |                        |               |
| Crinica Ciaico Di   | and aptoy Court for the.  | THE REPORT OF THE PARTY OF THE | J.0         |                          |                        |               |
| Case number         |                           |   |             |                          |                        |               |
| (if known)          |                           |   |             |                          | ☐ Check                | if this is an |
|                     |                           |   |             |                          | amend                  | led filing    |
| 00000               | 4000                      |   |             |                          |                        |               |
| Official Forr       |                           |   |             |                          |                        |               |
| Schedule            | D: Creditors              | Who Have Claims Se  | ecure       | ed by Property           | y                      | 12/15         |
| D                   |                           | 16 to   | 41          |                          |                        | If            |
|                     |                           | If two married people are filing together, I<br>out, number the entries, and attach it to tl  |             |                          |                        |               |
| number (if known)   | •                         |   |             |                          |                        |               |
| I. Do any creditors | s have claims secured by  | your property?  |             |                          |                        |               |
| ☐ No. Chec          | k this box and submit th  | his form to the court with your other sch   | nedules.    | You have nothing else to | o report on this form. |               |
| Yes Fill i          | n all of the information  | helow   |             | -                        |                        |               |
|                     |                           | Delow.  |             |                          |                        |               |
| Part 1: List A      | II Secured Claims         |   |             | . Column A               | Column B               | Column C      |
|                     |                           | more than one secured claim, list the credito   |             | ely                      | Value of collateral    | Unsecured     |
|                     |                           | a particular claim, list the other creditors in cal order according to the creditor's name.   | Part Z. As  | Do not deduct the        | that supports this     | portion       |
|                     |                           | Ğ   |             | value of collateral.     | claim                  | if any        |
|                     | uto Finance               | Describe the property that secures the  |             | \$37,139.00              | \$38,500.00            | \$0.00        |
| Creditor's Nam      |                           | 2012 Mercedes-Benz CLS550 4   | 6,000       |                          |                        |               |
| _                   | Bankruptcy                | miles   |             |                          |                        |               |
| Dept                | ntral Ave                 | As of the date you file, the claim is: Chec   | ck all that |                          |                        |               |
|                     | AZ 85004                  | apply.  |             |                          |                        |               |
|                     | t, City, State & Zip Code | Contingent  |             |                          |                        |               |
| Number, Siree       | i, City, State & Zip Code | Unliquidated  |             |                          |                        |               |
| Who owes the d      | ebt? Check one            | ☐ Disputed  Nature of lien. Check all that apply.   |             |                          |                        |               |
| _                   | one one one               | _   |             | a a cura d               |                        |               |
| Debtor 1 only       |                           | <ul> <li>An agreement you made (such as more<br/>car loan)</li> </ul>   | igage or s  | securea                  |                        |               |
| Debtor 2 only       | ahtan O amb               | _ ′   | -:-!- !:>   |                          |                        |               |
| Debtor 1 and D      | the debtors and another   | ☐ Statutory lien (such as tax lien, mechar ☐ Judgment lien from a lawsuit   | nics lien)  |                          |                        |               |
| Check if this c     |                           | •   |             |                          |                        |               |
| community de        |                           | Other (including a right to offset)   |             |                          |                        |               |
|                     |                           |   |             |                          |                        |               |
| Date debt was inc   | curred                    | Last 4 digits of account number   | 4800        | )                        |                        |               |
|                     |                           |   |             |                          |                        |               |
|                     | uto Finance               | Describe the property that secures the  | claim:      | \$22,336.00              | \$22,340.00            | \$0.00        |
| Creditor's Nam      | ne                        | 2009 Mercedes-Benz ML550 57   | ,000        |                          |                        |               |
|                     | Bankruptcy                | miles   |             |                          |                        |               |
| Dept                |                           | As of the date you file, the claim is: Cher   | ck all that |                          |                        |               |
| 201 N Ce            |                           | apply.  |             |                          |                        |               |
|                     | AZ 85004                  | Contingent  |             |                          |                        |               |
| Number, Stree       | t, City, State & Zip Code | ☐ Unliquidated  |             |                          |                        |               |
| Who owes the        | aht? Chaak ana            | Disputed  |             |                          |                        |               |
| Who owes the d      | ebir Check one.           | Nature of lien. Check all that apply.   |             |                          |                        |               |
| Debtor 1 only       |                           | An agreement you made (such as mort   | tgage or s  | secured                  |                        |               |
| Debtor 2 only       |                           | car loan)   | siale II. X |                          |                        |               |
| ■ Debtor 1 and D    |                           | ☐ Statutory lien (such as tax lien, mechar  | ııc's lien) |                          |                        |               |
|                     | the debtors and another   | ☐ Judgment lien from a lawsuit  |             |                          |                        |               |
| ☐ Check if this c   |                           | Other (including a right to offset)   |             |                          |                        |               |
| community d         | ENI                       |   |             |                          |                        |               |

Date debt was incurred

Last 4 digits of account number

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| Debtor 1 Yousif Youtem  |  | Case number (if know) |              |         |
|---|--|-----------------------|--------------|---------|
| First Name Middle N   | lame Last Name   |                       |              |         |
| Debtor 2 Amal Youtem  | LactName   |                       |              |         |
| First Name Middle N   | lame Last Name   |                       |              |         |
| 2.3 <b>M &amp; T Bank</b>   | Describe the property that secures the claim:  | \$226,874.00          | \$249,300.00 | \$0.00  |
| Creditor's Name   | 515 Falmouth Lane `Schaumburg,   |                       |              |         |
|   | IL 60193 Cook County   |                       |              |         |
| DO D 044  | As of the date you file, the claim is: Check all that  |                       |              |         |
| PO Box 844<br>Buffalo, NY 14240   | apply.   |                       |              |         |
|   | Contingent   |                       |              |         |
| Number, Street, City, State & Zip Code  | ☐ Unliquidated   |                       |              |         |
| Who owes the debt? Check one.   | ☐ Disputed  Nature of lien. Check all that apply.  |                       |              |         |
| ☐ Debtor 1 only   | _  |                       |              |         |
| Debtor 2 only   | <ul> <li>An agreement you made (such as mortgage or second car loan)</li> </ul>  | ecurea                |              |         |
| Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, mechanic's lien)   |                       |              |         |
| ☐ At least one of the debtors and another   | ☐ Judgment lien from a lawsuit   |                       |              |         |
| ☐ Check if this claim relates to a  | Other (including a right to offset)  |                       |              |         |
| community debt  | · · · · · · · · · · · · · · · · · · ·  |                       |              |         |
| Date debt was incurred  | Last 4 digits of account number 1540   |                       |              |         |
|   | <u> </u>   |                       |              |         |
|   |  |                       |              |         |
| 2.4 Santander Consumer USA  | Describe the property that secures the claim:  | \$15,442.00           | \$15,422.00  | \$20.00 |
|   | Describe the property that secures the claim: 2009 Mercedes-Benz C300 75,000   | \$15,442.00           | \$15,422.00  | \$20.00 |
| USA   | 2009 Mercedes-Benz C300 75,000 miles miles   | \$15,442.00           | \$15,422.00  | \$20.00 |
| USA   | 2009 Mercedes-Benz C300 75,000 miles miles Niece's Vehicle   | \$15,442.00           | \$15,422.00  | \$20.00 |
| USA   | 2009 Mercedes-Benz C300 75,000 miles miles Niece's Vehicle As of the date you file, the claim is: Check all that   | \$15,442.00           | \$15,422.00  | \$20.00 |
| Creditor's Name   | 2009 Mercedes-Benz C300 75,000 miles miles Niece's Vehicle   | <b>\$15,442.00</b>    | \$15,422.00  | \$20.00 |
| Creditor's Name  Po Box 961245  | 2009 Mercedes-Benz C300 75,000 miles miles Niece's Vehicle As of the date you file, the claim is: Check all that apply.  | \$15,442.00           | \$15,422.00  | \$20.00 |
| Po Box 961245 Ft Worth, TX 76161  Number, Street, City, State & Zip Code  | 2009 Mercedes-Benz C300 75,000 miles miles Niece's Vehicle As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  | \$15,442.00           | \$15,422.00  | \$20.00 |
| Po Box 961245 Ft Worth, TX 76161 Number, Street, City, State & Zip Code  Who owes the debt? Check one.  | 2009 Mercedes-Benz C300 75,000 miles miles Niece's Vehicle As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated   | \$15,442.00           | \$15,422.00  | \$20.00 |
| Po Box 961245 Ft Worth, TX 76161 Number, Street, City, State & Zip Code  Who owes the debt? Check one.  | 2009 Mercedes-Benz C300 75,000 miles miles Miece's Vehicle  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or see   |                       | \$15,422.00  | \$20.00 |
| Po Box 961245 Ft Worth, TX 76161  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only  | 2009 Mercedes-Benz C300 75,000 miles miles Niece's Vehicle As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secar loan)  |                       | \$15,422.00  | \$20.00 |
| Po Box 961245 Ft Worth, TX 76161  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   | 2009 Mercedes-Benz C300 75,000 miles miles Niece's Vehicle As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or so car loan) Statutory lien (such as tax lien, mechanic's lien)  |                       | \$15,422.00  | \$20.00 |
| Po Box 961245 Ft Worth, TX 76161  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  At least one of the debtors and another  | 2009 Mercedes-Benz C300 75,000 miles miles Niece's Vehicle As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit                                      |                       | \$15,422.00  | \$20.00 |
| Po Box 961245 Ft Worth, TX 76161  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   | 2009 Mercedes-Benz C300 75,000 miles miles Niece's Vehicle As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or so car loan) Statutory lien (such as tax lien, mechanic's lien)  |                       | \$15,422.00  | \$20.00 |
| Po Box 961245 Ft Worth, TX 76161  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  At least one of the debtors and another Check if this claim relates to a                                       | 2009 Mercedes-Benz C300 75,000 miles miles Niece's Vehicle As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secar loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit                                      |                       | \$15,422.00  | \$20.00 |
| Po Box 961245 Ft Worth, TX 76161  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt                         | 2009 Mercedes-Benz C300 75,000 miles miles Niece's Vehicle As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or so car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) |                       | \$15,422.00  | \$20.00 |
| Po Box 961245 Ft Worth, TX 76161  Number, Street, City, State & Zip Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Date debt was incurred | 2009 Mercedes-Benz C300 75,000 miles miles Niece's Vehicle As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or so car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) |                       |              | \$20.00 |

# Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| Fill ir                            | n this inform  | ation to identify your  | case:                                      | DOCHHEIII   | P AUE  | 20 OF 6                                   |  |   |   |
|------------------------------------|--|---|--|---|--|---|--|---|---|
| Debte                              | or 1   | Yousif Youtem   |  |   |  |   |  |   |   |
| Dalat                              | 0  | First Name  | Midd                                       | e Name  | Last Nam   | Э   |  |   |   |
| Debte<br>(Spous                    | or ∠<br>se if, filing)   | Amal Youtem First Name  | Midd                                       | e Name  | Last Nam   | Э   |  |   |   |
| Unite                              | ed States Ban  | kruptcy Court for the:  | NORTHE                                     | RN DISTRICT OF ILLI   | NOIS   |   |  |   |   |
| •                                  | a Glaice Bail  | aptoy Court for allo  |  |   |  |   |  |   |   |
| Case<br>(if know                   | e number<br>wn)  |   |  |   |  |   |  | _   | if this is an<br>led filing                             |
| Offic                              | cial Form  | 106E/F  |  |   |  |   |  |   |   |
|                                    |  | F: Creditors W  | ho Hav                                     | e Unsecured (   | Claim  | S   |  |   | 12/15   |
| ny ex<br>Sched<br>Sched<br>eft. At | ecutory contrule G: Executory Contrule G: Executory Contrule D: Creditory Contrule Contr | accurate as possible. Us acts or unexpired leases ory Contracts and Unexpirs Who Have Claims Secinuation Page to this pagiber (if known). | that could r<br>ired Leases<br>ured by Pro | esult in a claim. Also list<br>(Official Form 106G). Do<br>perty. If more space is ne | t executo<br>not inclueded, co   | ry contract<br>ide any cre<br>py the Part | ts on Schedule A/B: I<br>ditors with partially s<br>you need, fill it out, | Property (Official For<br>secured claims that a<br>number the entries i | m 106A/B) and on<br>are listed in<br>n the boxes on the |
| Part                               |  | of Your PRIORITY Un   |  |   |  |   |  |   |   |
| _                                  |  | rs have priority unsecure   | d claims ag                                | ainst you?  |  |   |  |   |   |
| _                                  | No. Go to Pa   | art 2.  |  |   |  |   |  |   |   |
|                                    | Yes.   | priority upocured claims  | . If a gradita                             | r has more than one priorit   |  | rad alaim lie                             | at the graditar congrets   | ly for each claim. For  | anah alaim liatad                                       |
| id<br>p                            | lentify what typ<br>ossible, list the  | priority unsecured claims<br>e of claim it is. If a claim ha<br>claims in alphabetical orden<br>nan one creditor holds a pa               | as both priori<br>er according             | ty and nonpriority amounts to the creditor's name. If yo                              | , list that on the industrial in the industrial industrial in the industrial in the industrial ind | claim here a                              | and show both priority a   | ind nonpriority amoun   | ts. As much as  |
| (F                                 | or an explana  | tion of each type of claim, s   | see the instru                             | actions for this form in the in   | nstruction   | booklet.)                                 | Total claim  | Priority  | Nonpriority   |
| 0.4                                |  | 0.11  |  |   |  | 45.45                                     | <b>A4 544 00</b>   | amount  | amount  |
| 2.1                                |  | Collection Services ditor's Name  | <u> </u>                                   | Last 4 digits of account  | number   | 4545                                      | \$1,544.09   | \$1,308.78  | \$235.31  |
|                                    | 4839 N.  | Elston Ave.<br>, IL 60630-2534  |  | When was the debt incu  | ırred?   | 12/2016                                   | <b>3</b>   | -   |   |
|                                    | Number Str   | reet City State Zlp Code  |  | As of the date you file, t  | he claim   | is: Check a                               | all that apply   |   |   |
|                                    | Who incurred   | the debt? Check one.  |  | ☐ Contingent  |  |   |  |   |   |
|                                    | Debtor 1 or  | nly   |  | ☐ Unliquidated  |  |   |  |   |   |
|                                    | Debtor 2 or  | nly   |  | ☐ Disputed  |  |   |  |   |   |
|                                    | Debtor 1 ar  | nd Debtor 2 only  |  | Type of PRIORITY unse   | cured cla  | iim:                                      |  |   |   |
|                                    | ☐ At least one   | e of the debtors and anothe   | er   | ☐ Domestic support obli   | gations  |   |  |   |   |
|                                    | ☐ Check if th  | nis claim is for a commur   | nity debt                                  | Taxes and certain oth   | er debts y   | ou owe the                                | government   |   |   |
|                                    | Is the claim s   | ubject to offset?   |  | ☐ Claims for death or pe  | ersonal inj  | ury while yo                              | ou were intoxicated  |   |   |
|                                    | ■ No   |   |  | Other. Specify  |  |   |  |   |   |
|                                    | ☐ Yes  |   |  | Col   | lection  | - Illinois                                | Department Of  | Revenue   |   |
| 2.2                                |  | epartment Of Rever  | nue  | Last 4 digits of account  | number   |   | \$0.00   | \$0.00  | \$0.00  |
|                                    | Priority Cre   | ditor's Name  |  | When was the debt incu  | ırred?   |   |  |   |   |
|                                    |  | eld, IL 62726-0001  |  |   |  |   |  | -   |   |
|                                    |  | reet City State ZIp Code  |  | As of the date you file, t  | he claim   | is: Check a                               | all that apply   |   |   |
|                                    |  | the debt? Check one.  |  | ☐ Contingent  |  |   |  |   |   |
|                                    | Debtor 1 or  | ·   |  | Unliquidated  |  |   |  |   |   |
|                                    | Debtor 2 or  | -   |  | ☐ Disputed  |  |   |  |   |   |
|                                    | Debtor 1 ar  | nd Debtor 2 only  |  | Type of PRIORITY unse   |  | iim:                                      |  |   |   |
|                                    | ☐ At least one   | e of the debtors and anothe   | er   | ☐ Domestic support obli   | gations  |   |  |   |   |
|                                    | ☐ Check if th  | nis claim is for a commur   | nity debt                                  | Taxes and certain oth   | -  |   | -  |   |   |
|                                    |  | ubject to offset?   |  | ☐ Claims for death or pe  | ersonal inj  | ury while yo                              | ou were intoxicated  |   |   |
|                                    | ■ No   |   |  | Other. Specify  |  |   |  |   |   |
|                                    | ☐ Yes  |   |  | Not   | ice Onl  | У   |  |   |   |

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|            | Yousif Youtem<br>Amal Youtem  |   |                  | nber (if know) |            |            |
|------------|---|---|------------------|----------------|------------|------------|
|            | nternal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101 | Last 4 digits of account number When was the debt incurred?                           | 2012             | \$611.14       | \$465.61   | \$145.53   |
| 1          | Number Street City State Zlp Code o incurred the debt? Check one.                   | As of the date you file, the claim  Contingent  | is: Check all th | at apply       |            |            |
| <b>=</b> [ | Debtor 1 only   | ☐ Unliquidated  |                  |                |            |            |
|            | Debtor 2 only   | ☐ Disputed  |                  |                |            |            |
|            | Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured cla  | aim:             |                |            |            |
|            | At least one of the debtors and another   | ☐ Domestic support obligations  |                  |                |            |            |
|            | •   | ■ Taxes and certain other debts y □ Claims for death or personal inj □ Other. Specify | ury while you w  |                |            |            |
|            | nternal Revenue Service   | Last 4 digits of account number   |                  | \$4,010.09     | \$2,884.12 | \$1,125.97 |
| F          | Priority Creditor's Name<br>PO Box 7346<br>Philadelphia, PA 19101                   | When was the debt incurred?   | 2011             |                |            |            |
| 1          | Number Street City State Zlp Code   | As of the date you file, the claim  | is: Check all th | at apply       |            |            |
|            | o incurred the debt? Check one.   | ☐ Contingent  |                  |                |            |            |
| _          | Debtor 1 only   | ☐ Unliquidated  |                  |                |            |            |
| <b>=</b> [ | Debtor 2 only   | ☐ Disputed  |                  |                |            |            |
|            | Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured cla  | aim:             |                |            |            |
|            | At least one of the debtors and another   | Domestic support obligations  |                  |                |            |            |
|            | Check if this claim is for a community debt   | Taxes and certain other debts   | _                |                |            |            |
|            | ne claim subject to offset?   | Claims for death or personal inj  |                  |                |            |            |
| <b>■</b> N |   | Other. Specify  |                  |                |            |            |
| F          | nternal Revenue Service Priority Creditor's Name PO Box 7346                        | Last 4 digits of account number  When was the debt incurred?                          | 2007             | \$1,060.61     | \$555.51   | \$505.10   |
| F          | Philadelphia, PA 19101  |   |                  |                |            |            |
|            | Number Street City State Zlp Code  o incurred the debt? Check one.                  | As of the date you file, the claim  | is: Check all th | at apply       |            |            |
|            |   | ☐ Contingent  |                  |                |            |            |
|            | Debtor 1 only   | ☐ Unliquidated  |                  |                |            |            |
|            | Debtor 2 only   | Disputed  |                  |                |            |            |
|            | Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured cla  | ıım:             |                |            |            |
|            | At least one of the debtors and another   | ☐ Domestic support obligations  |                  |                |            |            |
|            | Check if this claim is for a community debt   | ■ Taxes and certain other debts y □ Claims for death or personal in                   | •                |                |            |            |
| Is th      | ne claim subject to offset?   |   |                  |                |            |            |
| r          |   | Other. Specify  |                  |                |            |            |

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|          | or 1 Yousif Youtem or 2 Amal Youtem   |   | Case nu            | mber (if know)              |                          |                |
|----------|---|---|--------------------|-----------------------------|--------------------------|----------------|
| 2.6      | Internal Revenue Service  | Last 4 digits of account number         | r                  | \$1,518.14                  | \$1,518.14               | \$0.00         |
|          | Priority Creditor's Name PO Box 7346 Philadelphia BA 10404  | When was the debt incurred?             | 2004               |                             |                          |                |
|          | Philadelphia, PA 19101  Number Street City State Zlp Code   | As of the date you file, the clain      | n is: Check all th | hat apply                   |                          |                |
| ,        | Who incurred the debt? Check one.   | ☐ Contingent                            |                    | ,                           |                          |                |
|          | Debtor 1 only   | ☐ Unliquidated                          |                    |                             |                          |                |
| 1        | Debtor 2 only   | ☐ Disputed                              |                    |                             |                          |                |
| 1        | ☐ Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured cl           | aim:               |                             |                          |                |
|          | ☐ At least one of the debtors and another   | ☐ Domestic support obligations          |                    |                             |                          |                |
| 1        | ☐ Check if this claim is for a community debt   | Taxes and certain other debts           | you owe the go     | vernment                    |                          |                |
| ı        | ls the claim subject to offset?   | ☐ Claims for death or personal in       | njury while you v  | vere intoxicated            |                          |                |
|          | No  | Other. Specify                          |                    |                             |                          |                |
|          | ☐ Yes   |   |                    |                             |                          |                |
| 2.7      | Internal Revenue Service  | Last 4 digits of account number         | r                  | \$2,908.17                  | \$2,035.21               | \$872.96       |
|          | Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101   | When was the debt incurred?             | 2010               |                             |                          |                |
|          | Number Street City State Zlp Code   | As of the date you file, the clain      | n is: Check all th | hat apply                   |                          |                |
| ,        | Who incurred the debt? Check one.   | ☐ Contingent                            |                    |                             |                          |                |
| I        | Debtor 1 only   | ☐ Unliquidated                          |                    |                             |                          |                |
|          | ■ Debtor 2 only   | Disputed                                |                    |                             |                          |                |
|          | ☐ Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured cl           | aim:               |                             |                          |                |
|          | ☐ At least one of the debtors and another   | ☐ Domestic support obligations          |                    |                             |                          |                |
| 1        | ☐ Check if this claim is for a community debt   | Taxes and certain other debts           | you owe the go     | vernment                    |                          |                |
| ı        | ls the claim subject to offset?   | Claims for death or personal in         | njury while you v  | vere intoxicated            |                          |                |
|          | No  | Other. Specify                          |                    |                             |                          |                |
|          | □ Yes   |   |                    |                             |                          |                |
| Part 2   | 2: List All of Your NONPRIORITY Unsecu  | red Claims                              |                    |                             |                          |                |
| 3. D     | o any creditors have nonpriority unsecured claim  | ns against you?                         |                    |                             |                          |                |
|          | No. You have nothing to report in this part. Submit   | this form to the court with your other  | schedules.         |                             |                          |                |
|          | Yes.  |   |                    |                             |                          |                |
| ur<br>th | ist all of your nonpriority unsecured claims in the<br>nsecured claim, list the creditor separately for each c<br>lan one creditor holds a particular claim, list the other<br>art 2. | laim. For each claim listed, identify w | hat type of clair  | m it is. Do not list claims | s already included in Pa | art 1. If more |

Total claim

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|     | Yousif Youtem Amal Youtem   | Case number (if know)   |            |
|-----|---|---|------------|
| 4.1 | Acceptance Now  | Last 4 digits of account number 0151  | \$2,039.00 |
|     | Nonpriority Creditor's Name Attn: Bankruptcy 5501 Headquarters Dr Plano, TX 75024     | When was the debt incurred?   |            |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one.                  | As of the date you file, the claim is: Check all that apply   |            |
|     | Debtor 1 only   | Contingent  |            |
|     | Debtor 2 only   | Unliquidated  |            |
|     | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |            |
|     | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
|     | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|     | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|     | ☐ Yes   | ■ Other. Specify Rental Agreement   |            |
| 4.2 | American Web Loans  | Last 4 digits of account number   | \$654.11   |
|     | Nonpriority Creditor's Name<br>2128 North 14th St., Suite 130<br>Ponca City, OK 74601 | When was the debt incurred?   |            |
|     | Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |            |
|     | Who incurred the debt? Check one.   |   |            |
|     | Debtor 1 only   | ☐ Contingent  |            |
|     | Debtor 2 only   | ☐ Unliquidated  |            |
|     | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|     | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|     | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
|     | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|     | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
|     | Yes   | Other. Specify Loan   |            |
| 4.3 | ARS/Account Resolution Specialist Nonpriority Creditor's Name                         | Last 4 digits of account number 6757  | \$420.00   |
|     | Po Box 459079<br>Sunrise, FL 33345  | When was the debt incurred?   |            |
|     | Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |            |
|     | Who incurred the debt? Check one.   |   |            |
|     | Debtor 1 only   | ☐ Contingent  |            |
|     | ■ Debtor 2 only   | ☐ Unliquidated  |            |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|     | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|     | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
|     | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|     | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|     | □ Yes   | ■ Other. Specify Collection Attorney Mea - Elk Grove Llc  |            |
|     | **  | — Outer, opening  |            |

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| Debte | or 2 Amal Youtem   | Case number (if know)  |          |
|-------|--|--|----------|
| 4.4   | Asset Acceptance Corp  Nonpriority Creditor's Name                   | Last 4 digits of account number  | \$223.00 |
|       | PO Box 2036<br>Warren, MI 48090-2036                                 | When was the debt incurred?  |          |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |          |
|       | Debtor 1 only  | ☐ Contingent   |          |
|       | ☐ Debtor 2 only  | □ Unliquidated   |          |
|       | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |          |
|       | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:   |          |
|       | ☐ Check if this claim is for a community                             | ☐ Student loans  |          |
|       | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                |          |
|       | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |          |
|       | Yes  | ■ Other. Specify Collection  |          |
| 4.5   | Capital One  | Last 4 digits of account number 9671   | \$777.00 |
|       | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285            | When was the debt incurred?  |          |
|       | Salt Lake City, UT 84130  Number Street City State Zlp Code          | As of the date you file, the claim is: Check all that apply  |          |
|       | Who incurred the debt? Check one.                                    | ,  |          |
|       | ■ Debtor 1 only  | ☐ Contingent   |          |
|       | Debtor 2 only  | ☐ Unliquidated   |          |
|       | ☐ Debtor 1 and Debtor 2 only   | □ Disputed   |          |
|       | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:   |          |
|       | ☐ Check if this claim is for a community                             | ☐ Student loans  |          |
|       | debt Is the claim subject to offset?                                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                  |          |
|       | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |          |
|       | □Yes   | Other. Specify Credit Card   |          |
| 4.6   | Capital One  | Last 4 digits of account number 4353   | \$224.00 |
|       | Nonpriority Creditor's Name Attn: Bankruptcy PO Box 30285            | When was the debt incurred?  |          |
|       | Salt Lake City, UT 84130  Number Street City State Zlp Code          | As of the date you file, the claim is: Check all that apply  |          |
|       | Who incurred the debt? Check one.                                    | ,  |          |
|       | Debtor 1 only  | ☐ Contingent   |          |
|       | ■ Debtor 2 only  | ☐ Unliquidated   |          |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |          |
|       | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:   |          |
|       | ☐ Check if this claim is for a community                             | ☐ Student loans  |          |
|       | debt Is the claim subject to offset?                                 | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|       | ■ No   | Debts to pension or profit-sharing plans, and other similar debts  |          |
|       | ☐ Yes  | ■ Other. Specify Credit Card   |          |
|       |  |  |          |

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Debtor 2 Amal Youtem Case number (if know) 4.7 **CDA / Pontiac** \$425.00 Last 4 digits of account number 3604 Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? PO Box 213 Streator, IL 61364 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other Specify Collection Attorney Elk Grove Radiology ☐ Yes 4.8 Cda/Pontiac Last 4 digits of account number 1082 \$148.00 Nonpriority Creditor's Name When was the debt incurred? Attn:Bankruptcy PO Box 213 Streator, IL 61364 As of the date you file, the claim is: Check all that apply Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other Specify Collection Attorney Elk Grove Radiology ☐ Yes 4.9 Cda/Pontiac \$148.00 Last 4 digits of account number 0156 Nonpriority Creditor's Name When was the debt incurred? Attn:Bankruptcy PO Box 213 Streator, IL 61364 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Notice Only - Collection Attorney Elk Grove ■ Other. Specify Radiology ☐ Yes

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| 2 Amal Youtem   | Case number (if know)   |             |
|---|---|-------------|
| Cda/Pontiac   | Last 4 digits of account number 5768  | \$13        |
| Nonpriority Creditor's Name                                 |   | ***         |
| Attn:Bankruptcy   | When was the debt incurred?   |             |
| PO Box 213  |   |             |
| Streator, IL 61364 Number Street City State Zlp Code        | As of the date you file, the claim is: Check all that apply                             |             |
| Who incurred the debt? Check one.                           |   |             |
| ☐ Debtor 1 only   | ☐ Contingent  |             |
| ■ Debtor 2 only   | ☐ Unliquidated  |             |
| ☐ Debtor 1 and Debtor 2 only                                | ☐ Disputed  |             |
| ☐ At least one of the debtors and another                   | Type of NONPRIORITY unsecured claim:  |             |
| ☐ Check if this claim is for a community                    | ☐ Student loans   |             |
| debt  | $\square$ Obligations arising out of a separation agreement or divorce that you did not |             |
| Is the claim subject to offset?                             | report as priority claims   |             |
| No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                     |             |
| Yes   | ■ Other. Specify Collection Attorney Elk Grove Radiology                                |             |
| City Of Chicago   | Last 4 digits of account number 6440  | \$3         |
| Nonpriority Creditor's Name                                 | Last 4 digits of account number   |             |
| Department Of Finance                                       | When was the debt incurred?   |             |
| Chicago, IL 60680-1292<br>Number Street City State Zlp Code | As of the date you file the claim in Obest all that such                                |             |
| Who incurred the debt? Check one.                           | As of the date you file, the claim is: Check all that apply                             |             |
| ■ Debtor 1 only   | ☐ Contingent  |             |
| Debtor 2 only   | _   |             |
| _   | ☐ Unliquidated  |             |
| Debtor 1 and Debtor 2 only                                  | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |             |
| At least one of the debtors and another                     | Student loans   |             |
| ☐ Check if this claim is for a community debt               | ☐ Obligations arising out of a separation agreement or divorce that you did not         |             |
| Is the claim subject to offset?                             | report as priority claims   |             |
| ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                     |             |
| Yes   | ■ Other. Specify Parking Safety Zone  |             |
| City Of Chicago   |   | \$68        |
| Nonpriority Creditor's Name                                 | Last 4 digits of account number   | <b>\$00</b> |
| Department Of Finance                                       | When was the debt incurred?   |             |
| PO Box 88292  |   |             |
| Chicago, IL 60680-1292 Number Street City State Zlp Code    | As of the date you file, the claim is: Check all that apply                             |             |
| Who incurred the debt? Check one.                           | As of the date you me, the claim is. Oneck all that apply                               |             |
| ■ Debtor 1 only   | ☐ Contingent  |             |
| Debtor 2 only   | ☐ Unliquidated  |             |
| Debtor 1 and Debtor 2 only                                  | ☐ Disputed  |             |
| ☐ At least one of the debtors and another                   | Type of NONPRIORITY unsecured claim:  |             |
| ☐ Check if this claim is for a community                    | ☐ Student loans   |             |
| debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not         |             |
| Is the claim subject to offset?                             | report as priority claims   |             |
| ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                     |             |
| ☐ Yes   | ■ Other. Specify <b>Violation</b>   |             |

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| 2 Amal Youtem  | Case number (if know)   |   |
|--|---|---|
| Comenity / Capital / Biglot Nonpriority Creditor's Name 3100 Easton Square Place | Last 4 digits of account number 5268  When was the debt incurred?   | \$673.00                                |
| Columbus, OH 43219  Number Street City State Zlp Code                            | As of the date you file, the claim is: Check all that apply   |   |
| Who incurred the debt? Check one.  |   |   |
| Debtor 1 only  | ☐ Contingent  |   |
| ☐ Debtor 2 only  | ☐ Unliquidated  |   |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |
| $\square$ At least one of the debtors and another                                | Type of NONPRIORITY unsecured claim:  |   |
| ☐ Check if this claim is for a community   | ☐ Student loans   |   |
| debt<br>Is the claim subject to offset?  | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |   |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |   |
| Yes  | Other. Specify Charge Account   |   |
| Comenity Bank / Carsons  | Last 4 digits of account number 9945  | \$626.00                                |
| Nonpriority Creditor's Name  | <del></del>   | • |
| PO Box 182789  | When was the debt incurred?   |   |
| Columbus, OH 43218  Number Street City State Zlp Code                            | As of the date you file, the claim is: Check all that apply   |   |
| Who incurred the debt? Check one.  | ,   |   |
| ■ Debtor 1 only  | ☐ Contingent  |   |
| ☐ Debtor 2 only  | ☐ Unliquidated  |   |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |
| $\square$ At least one of the debtors and another                                | Type of NONPRIORITY unsecured claim:  |   |
| $\square$ Check if this claim is for a community                                 | Student loans   |   |
| debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |   |
| Yes  | Other. Specify Charge Account   |   |
| Comenity Bank / Carsons  | Last 4 digits of account number 4664  | \$111.00                                |
| Nonpriority Creditor's Name  |   | •                                       |
| PO Box 182125  | When was the debt incurred?   |   |
| Columbus, OH 43218  Number Street City State Zlp Code                            | As of the date you file, the claim is: Check all that apply   |   |
| Who incurred the debt? Check one.  |   |   |
| ☐ Debtor 1 only  | ☐ Contingent  |   |
| ■ Debtor 2 only  | ☐ Unliquidated  |   |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |   |
| ☐ Check if this claim is for a community   | Student loans   |   |
| debt Is the claim subject to offset?   | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |   |
| No   | □ Debts to pension or profit-sharing plans, and other similar debts                                       |   |
| Yes  |   |   |
| <b>□</b> 162   | ■ Other. Specify Charge Account   |   |

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| Debt     | or 2 Amal Youtem  | Case number (if know)   |          |
|----------|---|---|----------|
| 4.1<br>6 | Comenity Bank / Express   | Last 4 digits of account number 8347  | \$250.00 |
|          | Nonpriority Creditor's Name Attn: Bankruptcy PO Box 182125                                | When was the debt incurred?   |          |
|          | Columbus, OH 43218  Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply   |          |
|          | ☐ Debtor 1 only   | ☐ Contingent  |          |
|          | Debtor 2 only   | ☐ Unliquidated  |          |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |          |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |          |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |          |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |          |
|          | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |          |
|          | Yes   | ■ Other. Specify Charge Account   |          |
| 4.1      | Comenity Bank / New York  | Last 4 digits of account number 7815  | \$40.00  |
| 7        | Nonpriority Creditor's Name   | Last 4 digits of account number 7815  | Ψ+0.00   |
|          | AttN: Bankruptcy<br>PO Box 182125   | When was the debt incurred?   |          |
|          | Columbus, OH 43218  Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply   |          |
|          | Debtor 1 only   | ☐ Contingent  |          |
|          | Debtor 2 only   | ☐ Unliquidated  |          |
|          | Debtor 1 and Debtor 2 only  | □ Disputed  |          |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |          |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |          |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims           |          |
|          | No  | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                                    |          |
|          | Yes   | Other. Specify Charge Account   |          |
| 4.1<br>8 | Credit One Bank NA  | Last 4 digits of account number 7473  | \$820.00 |
|          | Nonpriority Creditor's Name PO Box 98873  | When was the debt incurred?   |          |
|          | Las Vegas, NV 89193  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |          |
|          | ■ Debtor 1 only   | ☐ Contingent  |          |
|          | Debtor 2 only   | ☐ Unliquidated  |          |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |          |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |          |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |          |
|          | debt Is the claim subject to offset?  | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|          | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |          |
|          | ☐ Yes   | ■ Other. Specify Credit Card  |          |

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|   | Yousif Youtem Amal Youtem   |  | Case number (if know)                         |            |
|---|---|--|---|------------|
| J | DSNB / Macy's   | Last 4 digits of account number                                    | 9945  | \$247.00   |
| - | Nonpriority Creditor's Name Attn: Bankruptcy PO Box 8053 Mason, OH 45040 Number Street Cly State Zlp Code | When was the debt incurred?  As of the date you file, the claim in | is: Check all that apply                      |            |
|   | Who incurred the debt? Check one.  Debtor 1 only  | ☐ Contingent   |   |            |
|   | Debtor 2 only   | ☐ Unliquidated   |   |            |
|   | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|   | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                      | d claim:                                      |            |
|   | ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |
|   | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims         | aration agreement or divorce that you did not |            |
|   | No  | Debts to pension or profit-sharing                                 | g plans, and other similar debts              |            |
|   | Yes   | ■ Other. Specify Charge Acc  | count   |            |
| 0 | First Eagle   | Last 4 digits of account number                                    | 0002  | \$2,668.00 |
|   | Nonpriority Creditor's Name 600 Red Brook Blvd., Suite 3 Owings Mills, MD 21117                           | When was the debt incurred?  |   |            |
| _ | Number Street City State Zlp Code  Who incurred the debt? Check one.                                      | As of the date you file, the claim i                               | is: Check all that apply                      |            |
|   | Debtor 1 only   | ☐ Contingent   |   |            |
|   | Debtor 2 only   | ☐ Unliquidated   |   |            |
|   | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|   | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                      | d claim:                                      |            |
|   | ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |
|   | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims       | aration agreement or divorce that you did not |            |
|   | ■ No  | Debts to pension or profit-sharing                                 | g plans, and other similar debts              |            |
|   | Yes   | Other. Specify Credit Card   | <u> </u>                                      |            |
| ' | Genesis Bankcard Services Nonpriority Creditor's Name   | Last 4 digits of account number                                    | 0345  | \$469.00   |
|   | 15220 Nw Greenbrier Pkwy Ste 200<br>Beaverton, OR 97006   | When was the debt incurred?  |   |            |
| - | Number Street City State Zlp Code  Who incurred the debt? Check one.                                      | As of the date you file, the claim                                 | is: Check all that apply                      |            |
|   | Debtor 1 only   | ☐ Contingent   |   |            |
|   | ☐ Debtor 2 only   | ☐ Unliquidated   |   |            |
|   | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|   | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                      | d claim:                                      |            |
|   | ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |
|   | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims         | aration agreement or divorce that you did not |            |
|   | ■ No  | Debts to pension or profit-sharing                                 | g plans, and other similar debts              |            |
|   | ☐ Yes   | Other. Specify Credit Card   | <u> </u>                                      |            |

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Debtor 1 Yousif Youtem

| Debtor | 2 Amal Youtem  | Case number (if know)   |            |
|--------|--|---|------------|
| 4.2    | Genesis Bankcard Services                                      | Last 4 digits of account number   | \$0.00     |
|        | Nonpriority Creditor's Name                                    | When was the debt incurred?   |            |
|        | PO Box 4499<br>Beaverton, OR 97076                             | when was the debt incurred?   |            |
|        | Number Street City State Zlp Code                              | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.                              | •   |            |
|        | ☐ Debtor 1 only  | ☐ Contingent  |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|        | ■ Debtor 1 and Debtor 2 only                                   | ☐ Disputed  |            |
|        | ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                       | ☐ Student loans   |            |
|        | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |            |
|        | Is the claim subject to offset?                                | report as priority claims   |            |
|        | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
|        | Yes  | ■ Other. Specify Notice Only - Sent To Collection   |            |
| 4.2    | Hunter Warfield  | Last 4 digits of account number 6713  | \$1,988.00 |
|        | Nonpriority Creditor's Name                                    |   |            |
|        | Attention: Bankruptcy 4620 Woodland Corporate Blvd             | When was the debt incurred?   |            |
|        | Tampa, FL 33614  |   |            |
|        | Number Street City State Zlp Code                              | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.                              |   |            |
|        | ☐ Debtor 1 only  | ☐ Contingent  |            |
|        | Debtor 2 only  | ☐ Unliquidated  |            |
|        | ☐ Debtor 1 and Debtor 2 only                                   | ☐ Disputed  |            |
|        | ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                       | ☐ Student loans   |            |
|        | debt   | $\square$ Obligations arising out of a separation agreement or divorce that you did not                   |            |
|        | Is the claim subject to offset?                                | report as priority claims   |            |
|        | No   | Debts to pension or profit-sharing plans, and other similar debts   |            |
|        | Yes  | ■ Other. Specify Collection Attorney Legacy At Poplar Creek   |            |
| 4.2    | Keynote Consulting   | Last 4 digits of account number 9767  | \$374.00   |
|        | Nonpriority Creditor's Name                                    | <del></del>   |            |
|        | 220 West Campus Drive, Suite 102                               | When was the debt incurred?   |            |
|        | Arlington Heights, IL 60004  Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.                              | As of the date you me, the claim is. Oneok an that apply  |            |
|        | ☐ Debtor 1 only  | ☐ Contingent  |            |
|        | ☐ Debtor 2 only  | _   |            |
|        | •  | ☐ Unliquidated  |            |
|        | Debtor 1 and Debtor 2 only                                     | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ At least one of the debtors and another                      | ☐ Student loans   |            |
|        | ☐ Check if this claim is for a community debt                  |   |            |
|        | Is the claim subject to offset?                                | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|        | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|        | -  | _ Collection Attorney Chicago Cornea  |            |
|        | ☐Yes   | Other. Specify Consultants Lt   |            |

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|     | Yousif Youtem Amal Youtem  |   | Case number (if know)                         |          |
|-----|--|---|---|----------|
| ·   | Kohls / Capital One  | Last 4 digits of account number                                 | 4353  | \$299.00 |
|     | Nonpriority Creditor's Name Kohls Credit PO Box 3043 Milwaukee, WI 53201 Number Street City State Zlp Code | When was the debt incurred?  As of the date you file, the claim | is: Check all that apply                      |          |
|     | Who incurred the debt? Check one.  | 7.6 of the date you me, the claim                               | or oncor an inar apply                        |          |
|     | Debtor 1 only  | ☐ Contingent  |   |          |
|     | Debtor 2 only  | ☐ Unliquidated  |   |          |
|     | Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |          |
|     | At least one of the debtors and another  | Type of NONPRIORITY unsecured                                   | d claim:                                      |          |
|     | ☐ Check if this claim is for a community   | ☐ Student loans   |   |          |
|     | debt<br>Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims      | aration agreement or divorce that you did not |          |
|     | ■ No   | Debts to pension or profit-sharing                              | g plans, and other similar debts              |          |
|     | Yes  | Other. Specify Charge Acc                                       | count   |          |
| ٠ ١ | Laboratory Corporation Of America  | Last 4 digits of account number                                 | 4086  | \$20.78  |
|     | Nonpriority Creditor's Name PO Box 2240 Burlington, NC 27216-2240  | When was the debt incurred?                                     |   |          |
| _   | Number Street City State Zlp Code  | As of the date you file, the claim                              | is: Check all that apply                      |          |
|     | Who incurred the debt? Check one.  |   |   |          |
|     | Debtor 1 only  | ☐ Contingent  |   |          |
|     | Debtor 2 only  | ☐ Unliquidated  |   |          |
|     | Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |          |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                    | d claim:                                      |          |
|     | ☐ Check if this claim is for a community   | ☐ Student loans   |   |          |
|     | debt<br>Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims      | aration agreement or divorce that you did not |          |
|     | ■ No   | Debts to pension or profit-sharing                              | g plans, and other similar debts              |          |
|     | Yes  | ■ Other. Specify Medical  |   |          |
| 1   | Malcolm S Gerald & Associates  | Last 4 digits of account number                                 |   | \$0.00   |
|     | Nonpriority Creditor's Name 332 S. Michigan Ave., Suite 600 Chicago, IL 60604                              | When was the debt incurred?                                     |   |          |
|     | Number Street City State Zlp Code  | As of the date you file, the claim                              | is: Check all that apply                      |          |
|     | Who incurred the debt? Check one.  |   |   |          |
|     | Debtor 1 only  | ☐ Contingent  |   |          |
|     | Debtor 2 only  | ☐ Unliquidated  |   |          |
|     | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |          |
|     | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                    | d claim:                                      |          |
|     | ☐ Check if this claim is for a community   | ☐ Student loans   |   |          |
|     | debt<br>Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims      | aration agreement or divorce that you did not |          |
|     | ■ No   | Debts to pension or profit-sharing                              | ng plans, and other similar debts             |          |
|     | Yes  | ■ Other. Specify Notice Only                                    | y - Collection Medical                        |          |

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| Debtor 2 Amal Youtem |   | Case number (if know)  |          |  |
|----------------------|---|--|----------|--|
| 4.2                  | Midland Funding   | Last 4 digits of account number 1578   | \$620.00 |  |
|                      | Nonpriority Creditor's Name Attn: Bankruptcy PO Box 939069                                | When was the debt incurred?  |          |  |
|                      | San Diego, CA 92193  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |          |  |
|                      | ☐ Debtor 1 only   | ☐ Contingent   |          |  |
|                      | Debtor 2 only   | ☐ Unliquidated   |          |  |
|                      | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |          |  |
|                      | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |          |  |
|                      | ☐ Check if this claim is for a community  | ☐ Student loans  |          |  |
|                      | debt Is the claim subject to offset?  | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims        |          |  |
|                      | ■ No  | Debts to pension or profit-sharing plans, and other similar debts  |          |  |
|                      | Yes   | ■ Other. Specify Factoring Company Account Credit One Bank N.A.  |          |  |
| 4.2                  | MiraMed Revenue Group   | Last 4 digits of account number  | \$0.00   |  |
|                      | Nonpriority Creditor's Name<br>991 Oak Creek Dr.<br>Lombard, IL 48277-0304                | When was the debt incurred?  |          |  |
|                      | Number Street City State Zlp Code Who incurred the debt? Check one.                       | As of the date you file, the claim is: Check all that apply  |          |  |
|                      | Debtor 1 only   | ☐ Contingent   |          |  |
|                      | Debtor 2 only   | ☐ Unliquidated   |          |  |
|                      | ■ Debtor 1 and Debtor 2 only  | □ Disputed   |          |  |
|                      | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |          |  |
|                      | ☐ Check if this claim is for a community  | ☐ Student loans  |          |  |
|                      | debt Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                  |          |  |
|                      | ■ No  | Debts to pension or profit-sharing plans, and other similar debts  |          |  |
|                      | Yes   | Other. Specify Notice Only - Medical   |          |  |
| 4.3                  | NEA Associates Nonpriority Creditor's Name  | Last 4 digits of account number  | \$500.00 |  |
|                      | 541 10 Street, Suite 419<br>Atlanta, GA 30318   | When was the debt incurred?  |          |  |
|                      | Number Street City State Zlp Code Who incurred the debt? Check one.                       | As of the date you file, the claim is: Check all that apply  |          |  |
|                      | Debtor 1 only   | ☐ Contingent   |          |  |
|                      | Debtor 2 only   | ☐ Unliquidated   |          |  |
|                      | ■ Debtor 1 and Debtor 2 only  | Disputed   |          |  |
|                      | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |          |  |
|                      | ☐ Check if this claim is for a community  | ☐ Student loans  |          |  |
|                      | debt<br>Is the claim subject to offset?   | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |  |
|                      | ■ No  | Debts to pension or profit-sharing plans, and other similar debts  |          |  |
|                      | ☐ Yes   | ■ Other. Specify Collection - Triple Financial   |          |  |

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|          | 1 Yousif Youtem<br>2 Amal Youtem  | Case number (if know)   |            |
|----------|---|---|------------|
| 4.3<br>1 | PNC Bank  | Last 4 digits of account number 9578  | \$0.00     |
|          | Nonpriority Creditor's Name<br>PO Box 856177<br>Louisville, KY 40285-6177                 | When was the debt incurred?   |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                      | As of the date you file, the claim is: Check all that apply   |            |
|          | ■ Debtor 1 only   | ☐ Contingent  |            |
|          | ☐ Debtor 2 only   | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
|          | ☐ Yes   | ■ Other. Specify Notice Only  |            |
| 4.3      | PNC Bank Credit Card  | Last 4 digits of account number 9578  | \$1,051.00 |
|          | Nonpriority Creditor's Name PO Box 5570 Mailstop BR- YB58-01-5                            | When was the debt incurred?   |            |
|          | Cleveland, OH 44101  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|          | ■ Debtor 1 only   | ☐ Contingent  |            |
|          | Debtor 2 only   | ☐ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|          |   | Student loans   |            |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset?            | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | Yes   | Other. Specify Credit Card  |            |
| 4.3      | Portfolio Recovery  | Last 4 digits of account number   | \$0.00     |
|          | Nonpriority Creditor's Name Bankruptcy PO Box 41067                                       | When was the debt incurred?   |            |
| ,        | Norfolk, VA 23541  Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |            |
|          | Debtor 1 only   | ☐ Contingent  |            |
|          | Debtor 2 only   | □ Unliquidated  |            |
|          | ■ Debtor 1 and Debtor 2 only  | □ Disputed  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |            |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | Yes   | ■ Other. Specify Notice Only - Collection Capital One   |            |

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|     | 1 Yousif Youtem<br>2 Amal Youtem   | Case number (if know)  |          |
|-----|--|--|----------|
| 4.3 | Professional Account Management  | Last 4 digits of account number 5475   | \$143.80 |
|     | PO Box 741 Mmilwaukee, WI 53201-1487 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed   |          |
|     | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes                               | Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Tollway Violation |          |
| 4.3 | Receivables Mgmt Partn Nonpriority Creditor's Name   | Last 4 digits of account number  | \$102.00 |
|     | 2250 E Devon Ave. Suite 352 Des Plaines, IL 60018 Number Street City State Zlp Code Who incurred the debt? Check one.  | When was the debt incurred?  As of the date you file, the claim is: Check all that apply   |          |
|     | ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only   | ☐ Contingent ☐ Unliquidated ☐ Disputed   |          |
|     | At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  |          |
|     | ☐ Yes  | Other. Specify Collection Attorney Kaizen Systems Inc  |          |
| 4.3 | Regional Recovery Service  Nonpriority Creditor's Name 5252 Hohman Hammond, IN 46325  Number Street City State Zlp Code Who incurred the debt? Check one.        | Last 4 digits of account number 8600  When was the debt incurred?  As of the date you file, the claim is: Check all that apply   | \$800.00 |
|     | Debtor 1 only  Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt                      | ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not   |          |
|     | Is the claim subject to offset?  | report as priority claims  Debts to pension or profit-sharing plans, and other similar debts   |          |
|     | □Yes   | Collection Attorney Reproductive Genetics Other. Specify Instit  |          |

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| Debte | or 2 Amal Youtem   | Case number (if know)   |          |
|-------|--|---|----------|
| 4.3   | Synchrony Bank/Walmart   | Last 4 digits of account number 3361  | \$904.00 |
|       | Nonpriority Creditor's Name Attn: Bankruptcy PO Box 965060 Orlando, FL 32896   | When was the debt incurred?   |          |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |          |
|       | ■ Debtor 1 only  | ☐ Contingent  |          |
|       | Debtor 2 only  | ☐ Unliquidated  |          |
|       | Debtor 1 and Debtor 2 only   | Disputed  |          |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |          |
|       | debt Is the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|       | ■ No   | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                                    |          |
|       | ☐ Yes  | Other. Specify Charge Account   |          |
| 4.3   | Verizon Wireless   | Last 4 digits of account number 0001  | \$0.00   |
| 3     | Nonpriority Creditor's Name Attn: Bankruptcy   | When was the debt incurred?   |          |
|       | 500 Tecnolgy Dr Ste 500 Weldon Springs, MO 63304 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |          |
|       | ☐ Debtor 1 only  |   |          |
|       | ■ Debtor 2 only  | ☐ Contingent ☐ Unliquidated   |          |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |          |
|       | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |          |
|       | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |          |
|       | Yes  | ■ Other. Specify Notice Only - Sent To Collection   |          |
| 4.3   | Verizon Wireless   | Last 4 digits of account number 0001  | \$0.00   |
|       | Nonpriority Creditor's Name PO Box 650051 Dallas, TX 75265   | When was the debt incurred?   |          |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |          |
|       | ☐ Debtor 1 only  | ☐ Contingent  |          |
|       | Debtor 2 only  | ☐ Unliquidated  |          |
|       | ☐ Debtor 1 and Debtor 2 only   | Disputed  |          |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |          |
|       | $\square$ Check if this claim is for a community   | Student loans   |          |
|       | debt<br>Is the claim subject to offset?  | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims          |          |
|       | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |          |
|       | Yes  | ■ Other. Specify Notice Only  |          |

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Debtor 1 Yousif Youtem Case number (if know) Debtor 2 Amal Youtem 4.4 Web Bank / Fingerhut \$0.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 6250 Ridgewood Rd. When was the debt incurred? Saint Cloud, MN 56303 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Notice Only

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total Claim

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| Total claims |     |   |     | <br>            |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>11,652.24 |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>11,652.24 |
|              |     |   |     | Total Claim     |
|              | 6f. | Student loans   | 6f. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>18,617.69 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>18,617.69 |

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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|                     |                          | DOGUILLE          | III Paue 37 01 03 |  |
|---------------------|--------------------------|-------------------|-------------------|--|
| Fill in this infor  | mation to identify your  | case:             |                   |  |
| Debtor 1            | Yousif Youtem            |                   |                   |  |
|                     | First Name               | Middle Name       | Last Name         |  |
| Debtor 2            | <b>Amal Youtem</b>       |                   |                   |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name         |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS       |  |
| Case number         |                          |                   |                   |  |
| (if known)          |                          |                   |                   |  |

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with v | vhom you have the<br>Street, City, State and ZIP ( | contract or lease | State what the contract or lease is for |
|-----|-----------|----------------|--|-------------------|---|
| 2.1 |           |                |  |                   |   |
|     | Name      |                |  |                   |   |
|     | Number    | Street         |  |                   | _                                       |
|     | City      |                | State  | ZIP Code          | <del>-</del>                            |
| 2.2 | •         |                |  |                   |   |
|     | Name      |                |  |                   | _                                       |
|     | Number    | Street         |  |                   | _                                       |
|     | City      |                | State  | ZIP Code          | _                                       |
| 2.3 |           |                |  |                   |   |
|     | Name      |                |  |                   | _                                       |
|     | Number    | Street         |  |                   | _                                       |
|     | City      |                | State  | ZIP Code          |   |
| 2.4 |           |                |  |                   |   |
|     | Name      |                |  |                   | _                                       |
|     | Number    | Street         |  |                   | _                                       |
|     | City      |                | State  | ZIP Code          |   |
| 2.5 |           |                |  |                   | _                                       |
|     | Name      |                |  |                   |   |
|     | Number    | Street         |  |                   |   |
|     | City      |                | State  | ZIP Code          |   |
|     |           |                |  |                   |   |

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|-----------------------|---|-------------------------------|-------------------------|--|
| Fill in this infe     | ormation to identify your   | case:                         |                         |  |
| Debtor 1              | Yousif Youtem   |                               |                         |  |
|                       | First Name  | Middle Name                   | Last Name               |  |
| Debtor 2              | Amal Youtem First Name  | Middle Name                   | Last Name               |  |
| (Spouse if, filing)   | riist Name  |                               |                         |  |
| United States         | Bankruptcy Court for the:   | NORTHERN DISTRICT             | OF ILLINOIS             |  |
| Case number           |   |                               |                         |  |
| (if known)            |   |                               |                         | ☐ Check if this is an amended filing   |
|                       | Form 106H<br>le H: Your Code  | obtors                        |                         | 42/45  |
| Schedu                | en. Tour Cou  | EDIOI 2                       |                         | 12/15  |
| your name and         | number the entries in the d case number (if known). I have any codebtors? (If ) | . Answer every question.      | •                       | this page. On the top of any Additional Pages, write s a codebtor.   |
|                       | the last 8 years, have you<br>California, Idaho, Louisiana,                     |                               |                         | ? (Community property states and territories include gton, and Wisconsin.)   |
| ■ No. Go<br>□ Yes. Di | to line 3. d your spouse, former spou   | ıse, or legal equivalent live | with you at the time?   |  |
| in line 2 a           | ngain as a codebtor only it<br>D), Schedule E/F (Official                       | f that person is a guarant    | or or cosigner. Make su | your spouse is filing with you. List the person shown ure you have listed the creditor on Schedule D (Official G). Use Schedule D, Schedule E/F, or Schedule G to fill |
|                       | umn 1: Your codebtor<br>e, Number, Street, City, State and Zll                  | P Code                        |                         | Column 2: The creditor to whom you owe the debt Check all schedules that apply:  |
| 130                   | na Nathan<br>9 Somerset Lane<br>naumburg, IL 60193                              |                               |                         | ■ Schedule D, line2.4<br>□ Schedule E/F, line<br>□ Schedule G<br>Santander Consumer USA  |

Schedule H: Your Codebtors

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| Del                        | otor 1 Yousif Youte  | em   |   |  |
|----------------------------|--|--|---|--|
|                            | otor 2 Amal Youter use, if filing)   | m  |   |  |
| Uni                        | ted States Bankruptcy Court for the  | NORTHERN DISTRIC   | CT OF ILLINOIS  |  |
| _                          | se number<br>own)  |  |   | Check if this is:  ☐ An amended filing ☐ A supplement showing postpetition chapter 13 income as of the following date:   |
| 0                          | fficial Form 106I  |  |   | MM / DD/ YYYY  |
|                            |  |  |   | WIWI / BB/ 1111  |
| Be a<br>sup<br>spo<br>atta | olying correct information. If you use. If you are separated and you ch a separate sheet to this form. (   | sible. If two married peo<br>are married and not fili<br>r spouse is not filing wi   | ng jointly, and your spouse is living the you, do not include information   | nd Debtor 2), both are equally responsible for<br>ng with you, include information about your<br>n about your spouse. If more space is needed<br>case number (if known). Answer every question   |
| Be a<br>sup<br>spo<br>atta | s complete and accurate as poss<br>olying correct information. If you<br>use. If you are separated and you   | sible. If two married peo<br>are married and not fili<br>r spouse is not filing wi   | ng jointly, and your spouse is living the you, do not include information   | nd Debtor 2), both are equally responsible for<br>ng with you, include information about your<br>n about your spouse. If more space is needed  |
| Be a<br>sup<br>spo<br>atta | s complete and accurate as possolying correct information. If you use. If you are separated and you ch a separate sheet to this form. It is Describe Employment Fill in your employment information.  If you have more than one job,   | sible. If two married peo<br>are married and not fili<br>r spouse is not filing wi<br>On the top of any additi                       | ng jointly, and your spouse is living the you, do not include information onal pages, write your name and   | and Debtor 2), both are equally responsible for<br>ng with you, include information about your<br>n about your spouse. If more space is needed<br>case number (if known). Answer every question  |
| Be a<br>sup<br>spo<br>atta | is complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. (  11: Describe Employment information.  | sible. If two married peo<br>are married and not fili<br>r spouse is not filing wi   | ng jointly, and your spouse is living the you, do not include information onal pages, write your name and Debtor 1  | and Debtor 2), both are equally responsible for ng with you, include information about your n about your spouse. If more space is needed case number (if known). Answer every question Debtor 2 or non-filing spouse                         |
| Be a<br>sup<br>spo<br>atta | is complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. It is the property of  | sible. If two married peo<br>are married and not fili<br>r spouse is not filing wi<br>On the top of any additi                       | ng jointly, and your spouse is living the you, do not include information onal pages, write your name and  Debtor 1  Employed                               | nd Debtor 2), both are equally responsible for ng with you, include information about your n about your spouse. If more space is needed case number (if known). Answer every question Debtor 2 or non-filing spouse                          |
| Be a<br>sup<br>spo<br>atta | is complete and accurate as possolying correct information. If you use. If you are separated and you ch a separate sheet to this form. It is the property of t | sible. If two married peo<br>are married and not filir<br>r spouse is not filing wi<br>On the top of any additi                      | ng jointly, and your spouse is living the you, do not include information on all pages, write your name and  Debtor 1  Employed  Not employed               | nd Debtor 2), both are equally responsible for ng with you, include information about your n about your spouse. If more space is needed case number (if known). Answer every question  Debtor 2 or non-filing spouse  Employed  Not employed |
| Be a<br>sup<br>spo<br>atta | scomplete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Of the complete the complet | sible. If two married peo<br>are married and not filir<br>r spouse is not filing wi<br>On the top of any additi<br>Employment status | ng jointly, and your spouse is living the you, do not include information on all pages, write your name and  Debtor 1  Employed  Not employed  Truck Driver | Debtor 2 or non-filing spouse  Employed  Not employed  Claims Analyst  |

spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay. 3.

Calculate gross Income. Add line 2 + line 3.

|    |      |          | 11011- | illing spouse |
|----|------|----------|--------|---------------|
| 2. | \$   | 4,125.33 | \$     | 5,732.04      |
| 3. | +\$_ | 0.00     | +\$_   | 0.00          |
| 4  | \$   | 4 125 33 | s      | 5 732 04      |

For Debtor 2 or

For Debtor 1

Official Form 106I Schedule I: Your Income page 1

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|     | tor 1<br>tor 2 | Yousif Youtem<br>Amal Youtem  | _         | (   | Case       | number (if | known)             |      |                   |                     |  |
|-----|----------------|---|-----------|-----|------------|------------|--------------------|------|-------------------|---------------------|--|
|     |                |   |           |     |            | r Debtor 1 |                    |      | For Debtor        | spouse              |  |
|     | Сор            | y line 4 here   | 4.        |     | \$_        | 4,12       | 25.33              | \$   | 55                | ,732.04             | _  |
| 5.  | List           | all payroll deductions:   |           |     |            |            |                    |      |                   |                     |  |
|     | 5a.            | Tax, Medicare, and Social Security deductions   | 5a        | ١.  | \$         | 68         | 37.87              | \$   | 5 1               | ,557.36             | ;  |
|     | 5b.            | Mandatory contributions for retirement plans  | 5b        | ).  | \$         |            | 0.00               | \$   | 3                 | 0.00                |  |
|     | 5c.            | Voluntary contributions for retirement plans  | 5c        | :.  | \$_        |            | 0.00               | \$   | 3                 | 0.00                |  |
|     | 5d.            | Required repayments of retirement fund loans  | 5d        | ۱.  | \$         |            | 0.00               | \$   |                   | 213.16              | _  |
|     | 5e.            | Insurance   | 5e        |     | \$_        |            | 0.00               | \$   |                   | 365.08              | _  |
|     | 5f.            | Domestic support obligations  | 5f.       |     | \$_        |            | 0.00               | \$   |                   | 0.00                | _  |
|     | 5g.<br>5h.     | Union dues  | 5g<br>5h  |     | \$_<br>\$  |            | 0.00               | + \$ |                   | 0.00                | _  |
| _   |                | Other deductions. Specify: Health Savings Account   | _         | 1.+ | · -        |            | 0.00               |      | -                 | 83.34               | _  |
| 6.  |                | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.        |     | \$_        |            | 37.87              | \$   |                   | ,218.94             |  |
| 7.  | Calc           | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.        |     | \$ _       | 3,43       | 7.46               | \$   | 3                 | ,513.10             | <u>)                                    </u> |
| 8.  | List<br>8a.    | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                     | 8a        | 1.  | \$         |            | 0.00               | \$   | 3                 | 0.00                |  |
|     | 8b.            | Interest and dividends  | 8b        | ).  | \$         |            | 0.00               | \$   |                   | 0.00                | _  |
|     | 8c.<br>8d.     | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation   | 8c<br>8d  |     | \$_<br>\$  |            | 0.00<br>0.00       | \$   |                   | 0.00                |  |
|     | 8e.            | Social Security   | 8e        |     | \$         |            | 0.00               | \$   | -                 | 0.00                | _  |
|     | 8f.<br>8g.     | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | 8f.<br>8g | J.  | \$_<br>\$_ |            | 0.00<br>0.00       | \$   | 3                 | 0.00                | <u> </u>                                     |
|     | 8h.            | Other monthly income. Specify:  | 8h        | 1.+ | \$_        |            | 0.00               | + \$ | ·                 | 0.00                | _  |
| 9.  | Add            | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.        | 5   | \$         |            | 0.00               | \$   | S                 | 0.0                 | 0  |
| 10  | Calc           | culate monthly income. Add line 7 + line 9.   | 10.       | \$  |            | 3,437.46   | 1 + 5              |      | 3,513.10          | = \$                | 6,950.56                                     |
|     |                | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |           | Ť – |            | 0,407.40   | $\exists \exists $ |      | 0,010.10          |                     | 0,000.00                                     |
| 11. | Incluothe      | e all other regular contributions to the expenses that you list in <i>Schedule</i> ade contributions from an unmarried partner, members of your household, your r friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:                       | depe      |     |            |            |                    | •    | in <i>Schedul</i> | e <i>J</i> .<br>+\$ | 0.00   |
| 12. |                | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines  |           |     |            |            |                    |      |                   | \$                  | 6,950.56                                     |
|     |                |   |           |     |            |            |                    |      |                   | Combi               |  |
| 13. |                | No.   | ?         |     |            |            |                    |      |                   | month               | ly income                                    |
|     |                | Yes. Explain:   |           |     |            |            |                    |      |                   |                     |  |

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|      | in this information | Cara ta iday Com                                      |                 |   |   | 1                        |                         |                             |  |
|------|---------------------|---|-----------------|---|---|--------------------------|-------------------------|-----------------------------|--|
| FIII | in this informa     | tion to identify yo                                   | ur case:        |   |   |                          |                         |                             |  |
| Deb  | otor 1              | Yousif Youte  | <del>!</del> m  |   |   | Ch                       | eck if this             |                             |  |
| Deb  | otor 2              | Amal Youten   | n               |   |   |                          |                         | ended filing<br>lement shov | ving postpetition chapter                  |
| (Sp  | ouse, if filing)    | 711101110011  | -               |   |   | _                        | 13 exp                  | enses as of                 | the following date:                        |
| Unit | ted States Bankr    | ruptcy Court for the:                                 | NORTH           | ERN DISTRICT OF ILLIN   | OIS   |                          | MM / D                  | D / YYYY                    |  |
|      | se number           |   |                 |   |   |                          |                         |                             |  |
|      |                     |   |                 |   |   |                          |                         |                             |  |
|      | fficial Fo          |   |                 |   |   |                          |                         |                             |  |
| S    | chedule             | J: Your I   | Expen           | ses   |   |                          |                         |                             | 12/1                                       |
| info | ormation. If m      | and accurate as<br>ore space is ne<br>n). Answer ever | eded, atta      | If two married people and the chance of the | re filing together, be<br>form. On the top of | oth are eq<br>f any addi | qually res<br>tional pa | ponsible fo<br>ges, write y | or supplying correct<br>your name and case |
| Par  |                     | ibe Your House  | hold            |   |   |                          |                         |                             |  |
| 1.   | Is this a joir      |   |                 |   |   |                          |                         |                             |  |
|      | □ No. Go to         |   |                 | - ( - h h - l - l - l - l   |   |                          |                         |                             |  |
|      |                     | s Debtor 2 live i                                     | n a separa      | ite nousenoid?  |   |                          |                         |                             |  |
|      | ■ N<br>□ Y          | _   | st file Officia | al Form 106J-2, <i>Expenses</i>   | s for Separate House                          | ehold of De              | ebtor 2.                |                             |  |
| 2.   | Do vou have         | e dependents?   | □ No            |   |   |                          |                         |                             |  |
|      | Do not list Do      | -   |                 | Fill out this information for   | Dependent's relati                            | ionshin to               | Der                     | endent's                    | Does dependent                             |
|      | Debtor 2.           | obtor rana  | Yes.            | each dependent  | Debtor 1 or Debto                             |                          | age                     |                             | live with you?                             |
|      | Do not state        | the   |                 |   |   |                          |                         |                             | □ No                                       |
|      | dependents          |   |                 |   | Son   |                          | 17                      |                             | ■ Yes                                      |
|      |                     |   |                 |   |   |                          |                         |                             | □ No                                       |
|      |                     |   |                 |   |   |                          |                         |                             | ☐ Yes                                      |
|      |                     |   |                 |   |   |                          |                         |                             | □ No                                       |
|      |                     |   |                 |   |   |                          |                         |                             | ☐ Yes<br>☐ No                              |
|      |                     |   |                 |   |   |                          |                         |                             | ☐ Yes                                      |
| 3.   |                     | enses include   |                 | No  |   |                          |                         |                             | 33   |
|      |                     | f people other th<br>d your depende                   |                 | Yes   |   |                          |                         |                             |  |
| Est  | timate your ex      |   | our bankru      | y Expenses<br>iptcy filing date unless y<br>y is filed. If this is a supp   |   |                          |                         |                             |  |
| app  | olicable date.      |   |                 |   |   |                          |                         |                             |  |
| the  |                     | n assistance and                                      |                 | government assistance i<br>luded it on <i>Schedule I:</i> \   |   |                          |                         | Your expo                   | enses                                      |
| 4.   |                     | or home owners  |                 | ses for your residence. I<br>r lot.   | nclude first mortgage                         | e<br>4.                  | \$                      |                             | 1,774.00                                   |
|      | If not includ       | led in line 4:  |                 |   |   |                          |                         |                             |  |
|      | 4a. Real e          | estate taxes  |                 |   |   | 4a.                      | \$                      |                             | 0.00                                       |
|      | 4b. Prope           | rty, homeowner's                                      | s, or renter'   | s insurance   |   | 4b.                      |                         |                             | 0.00                                       |
|      |                     | maintenance, re                                       |                 |   |   | 4c.                      |                         |                             | 0.00                                       |
| 5.   |                     | owner's associati                                     |                 | lominium dues<br>J <b>ur residence</b> , such as ho   | ime equity loops                              | 4d.<br>5.                | ·                       |                             | 0.00                                       |
|      |                     |   |                 |   |   |                          |                         |                             |  |

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|     | tor 1<br>tor 2  | Yousif Y<br>Amal Yo |   | Case num                   | aber (if known)                       |                            |  |
|-----|---|---------------------|---|----------------------------|---------------------------------------|----------------------------|--|
| 6.  | Utilit  | ties:               |   |                            |                                       |                            |  |
|     | 6a.   | Electricity         | , heat, natural gas   | 6a.                        | \$                                    | 289.56                     |  |
|     | 6b.   | Water, sev          | wer, garbage collection   | 6b.                        | \$                                    | 85.00                      |  |
|     | 6c.   | Telephone           | e, cell phone, Internet, satellite, and cable services  | 6c.                        | \$                                    | 375.00                     |  |
|     | 6d.   | Other. Spe          | ecify:  | 6d.                        | \$                                    | 0.00                       |  |
| 7.  | Food  | d and hous          | ekeeping supplies   |                            | \$                                    | 750.00                     |  |
| 8.  | Child   | dcare and o         | children's education costs  | 8.                         | \$                                    | 30.00                      |  |
| 9.  | Cloth   | hing, laund         | Iry, and dry cleaning   | 9.                         | \$                                    | 225.00                     |  |
| 10. | Pers  | onal care p         | products and services   | 10.                        | \$                                    | 125.00                     |  |
| 11. | Medi  | ical and de         | ntal expenses   | 11.                        | \$                                    | 600.00                     |  |
| 12. |   | -                   | Include gas, maintenance, bus or train fare.  | 12.                        | \$                                    | 455.00                     |  |
| 12  |   |                     | ar payments.  | 13.                        | \$                                    |                            |  |
|     |   |                     | clubs, recreation, newspapers, magazines, and books   |                            | ·                                     | 75.00                      |  |
|     |   |                     | tributions and religious donations  | 14.                        | \$                                    | 0.00                       |  |
| 15. |   | rance.              | nsurance deducted from your pay or included in lines 4 or 20.   |                            |                                       |                            |  |
|     |   | Life insura         | , , ,   | 15a.                       | \$                                    | 0.00                       |  |
|     |   | Health ins          |   | 15b.                       | ·                                     | 0.00                       |  |
|     | 15c.  | Vehicle in          | surance   | 15c.                       | · -                                   | 297.00                     |  |
|     |   |                     | urance. Specify:  | 15d.                       |                                       | 0.00                       |  |
| 16. |   |                     | nclude taxes deducted from your pay or included in lines 4 or 20.   |                            | ·                                     |                            |  |
|     | Spec  | ·                   |   | 16.                        | \$                                    | 0.00                       |  |
| 17. |   |                     | ease payments:<br>ents for Vehicle 1  | 17a.                       | ¢                                     | 0.00                       |  |
|     |   |                     | ents for Vehicle 2  | 17a.<br>17b.               | •                                     | 0.00                       |  |
|     |   |                     |   | 17b.<br>17c.               |                                       | 0.00                       |  |
|     |   | Other. Spo          | -   | 17c.<br>17d.               | · · · · · · · · · · · · · · · · · · · |                            |  |
| 10  |   |                     | ecry.<br>s of alimony, maintenance, and support that you did not report as  |                            | Φ                                     | 0.00                       |  |
| 10. |   |                     | your pay on line 5, Schedule I, Your Income (Official Form 106I).   |                            | \$                                    | 0.00                       |  |
| 19. |   |                     | s you make to support others who do not live with you.  |                            | \$                                    | 0.00                       |  |
|     | Spec  | cify:               |   | 19.                        |                                       |                            |  |
| 20. | Othe  | er real prop        | erty expenses not included in lines 4 or 5 of this form or on Sche  | edule I: Yo                | our Income.                           |                            |  |
|     | 20a.  | Mortgages           | s on other property   | 20a.                       | \$                                    | 0.00                       |  |
|     | 20b.  | Real estat          | te taxes  | 20b.                       | \$                                    | 0.00                       |  |
|     | 20c.  | Property,           | homeowner's, or renter's insurance  | 20c.                       | \$                                    | 0.00                       |  |
|     | 20d.  | Maintenar           | nce, repair, and upkeep expenses  | 20d.                       | \$                                    | 0.00                       |  |
|     | 20e.  | Homeown             | ner's association or condominium dues   | 20e.                       | \$                                    | 0.00                       |  |
| 21. | Othe  | er: Specify:        |   | 21.                        | +\$                                   | 0.00                       |  |
| 22. | Calc  | ulate your          | monthly expenses  |                            |                                       |                            |  |
|     | 22a.  | Add lines 4         | through 21.   |                            | \$                                    | 5,080.56                   |  |
|     | 22b.  | Copy line 2         | 2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |                            | \$                                    | ,                          |  |
|     | 22c.  | Add line 22         | a and 22b. The result is your monthly expenses.   |                            | \$                                    | 5,080.56                   |  |
| 00  | 0-1   |                     | manufally mat in a suma   |                            |                                       | ,                          |  |
| 23. |   | •                   | monthly net income.   | 00-                        | ¢.                                    | 0.050.50                   |  |
|     |   |                     | 12 (your combined monthly income) from Schedule I.  | 23a.                       |                                       | 6,950.56                   |  |
|     | 23b. Copy your monthly expenses from line 22c above. 23b\$ 5,080.56 |                     |   |                            |                                       |                            |  |
|     | 23c.  | Subtract y          | our monthly expenses from your monthly income.  |                            |                                       | 4 070 00                   |  |
|     |   | The result          | t is your monthly net income.   | 23c.                       | \$                                    | 1,870.00                   |  |
| 24. | For ex  | xample, do yo       | an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you terms of your mortgage? | ou file this<br>r mortgage | s form?<br>payment to increas         | e or decrease because of a |  |
|     | ■ N   | lo.                 |   |                            |                                       |                            |  |
|     | □ Ye  | es.                 | Explain here:   |                            |                                       |                            |  |

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| Fill in this infor | mation to identify your                          | case:                      |             |                                |  |
|--------------------|--|----------------------------|-------------|--------------------------------|--|
| Debtor 1           | Yousif Youtem                                    | ouse.                      |             |                                |  |
| Debior 1           | First Name                                       | Middle Name                | Last Nam    | ne.                            |  |
| Debtor 2           |  | Middle Name                | Lactivan    |                                |  |
| Spouse if, filing) | Amal Youtem First Name                           | Middle Name                | Last Nam    | ne .                           |  |
| opodoc II, IIII1g) | riiotramo  | Wildele Wallie             | Lastitali   |                                |  |
| Jnited States Ba   | ankruptcy Court for the:                         | NORTHERN DISTRICT OF       | ILLINOIS    |                                |  |
| Case number        |  |                            |             |                                |  |
| if known)          |  |                            |             |                                | ☐ Check if this is an amended filing   |
| Official Ford      |  | ın Individual D            | )ebtor'     | 's Schedules                   | 12/15  |
|                    |  |                            |             |                                |  |
|                    | 8 U.S.C. §§ 152, 1341, <i>1</i><br>n Below       | ,                          |             |                                |  |
| Did you pa         | y or agree to pay some                           | one who is NOT an attorney | to help you | ı fill out bankruptcy forms?   |  |
| ■ No               |  |                            |             |                                |  |
| ☐ Yes. N           | Name of person                                   |                            |             |                                | nkruptcy Petition Preparer's Notice,<br>n, and Signature (Official Form 119) |
|                    | Ity of perjury, I declare<br>e true and correct. | that I have read the summa | ry and sche | dules filed with this declarat | ion and  |
| X /s/ You          | ısif Youtem                                      |                            | X /s/       | Amal Youtem                    |  |
| Yousif             | Youtem   |                            | An          | nal Youtem                     |  |
| Signatu            | re of Debtor 1                                   |                            | Sig         | nature of Debtor 2             |  |
| Date ,             | January 3, 2018                                  |                            | Da          | te January 3, 2018             |  |

| Fill in this      | information to identify you                           |  |                                    |   |                                    |  |
|-------------------|---|--|------------------------------------|---|------------------------------------|--|
|                   | information to identify you                           | r case:  |                                    |   |                                    |  |
| Debtor 1          | Yousif Youtem First Name                              | Middle Name  | Last Name                          |   |                                    |  |
| Debtor 2          | Amal Youtem   |  |                                    |   |                                    |  |
| (Spouse if, filin | ng) First Name  | Middle Name  | Last Name                          |   |                                    |  |
| United Sta        | tes Bankruptcy Court for the:                         | NORTHERN DISTRICT (  | OF ILLINOIS                        |   |                                    |  |
| Case num          | ber   |  |                                    |   |                                    |  |
| (if known)        |   |  |                                    |   | Check if this is an                |  |
|                   |   |  |                                    | a   | mended filing                      |  |
| 0((; ; ;          | 1.5   |  |                                    |   |                                    |  |
|                   | l Form 107  |  |                                    |   |                                    |  |
| Statem            | nent of Financial                                     | Affairs for Individ  | duals Filing for B                 | ankruptcy   | 4/16                               |  |
| information       |   | attach a separate sheet to   |                                    | equally responsible for sup<br>y additional pages, write you    |                                    |  |
|                   | , , , , , ,   | arital Status and Where You  | ı Lived Before                     |   |                                    |  |
| 1. What           | is your current marital statu                         | us?  |                                    |   |                                    |  |
| <b>■</b> N        | Married   |  |                                    |   |                                    |  |
|                   | lot married   |  |                                    |   |                                    |  |
| 2. During         | g the last 3 years, have you                          | lived anywhere other than  | where you live now?                |   |                                    |  |
| П                 | lo  | •  | •                                  |   |                                    |  |
| = '               | -   | lived in the last 3 years. Do no   | ot include where you live now      | ı   |                                    |  |
|                   | ' '   | ŕ  | ,                                  |   |                                    |  |
| Debte             | or 1 Prior Address:                                   | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                  | dress:  | Dates Debtor 2<br>lived there      |  |
|                   | Morning Song Ct., Apt.<br>aumburg, IL 60194           | 202 From-To:<br>2012 To 2015   | ■ Same as Debtor                   | I   | Same as Debtor 1 From-To:          |  |
| states and        |   |  |                                    | ity property state or territory<br>ico, Texas, Washington and W |                                    |  |
| _                 |   | hedule H: Your Codebtors (O  | fficial Form 106H).                |   |                                    |  |
| D 40              |   |  |                                    |   |                                    |  |
| Part 2            | Explain the Sources of You                            | ir Income  |                                    |   |                                    |  |
| Fill in t         | the total amount of income yo                         | mployment or from operating ou received from all jobs and a have income that you receive | all businesses, including part     |   | ndar years?                        |  |
|                   | lo  |  |                                    |   |                                    |  |
| <b>■</b> Y        | es. Fill in the details.                              |  |                                    |   |                                    |  |
|                   |   | Debtor 1   |                                    | Debtor 2  |                                    |  |
|                   |   | Sources of income  | Gross income                       | Sources of income   | Gross income                       |  |
|                   |   | Check all that apply.  | (before deductions and exclusions) | Check all that apply.   | (before deductions and exclusions) |  |
|                   | uary 1 of current year until ou filed for bankruptcy: | ■ Wages, commissions, bonuses, tips  | \$0.00                             | ■ Wages, commissions, bonuses, tips                             | \$0.00                             |  |
|                   |   | ☐ Operating a business   |                                    | ☐ Operating a business  |                                    |  |
| Official Form     | 107   |  | airs for Individuals Filing for B  | -   | page 1                             |  |

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| Deb        | tor 2 | An     | nal Youtem                      |             |  |             | Cas   | e number (if known)                          |                          |   |
|------------|-------|--------|---------------------------------|-------------|--|-------------|---|--|--------------------------|---|
|            |       |        |                                 |             | Dahtan 4   |             |   | Dahtan 0                                     |                          |   |
|            |       |        |                                 |             | Sources of income<br>Check all that apply.   |             | income<br>e deductions and<br>ions)         | Sources of inc<br>Check all that a           |                          | Gross income<br>(before deductions<br>and exclusions) |
|            |       |        | dar year:<br>December 31,       | 2017)       | ■ Wages, commissions, bonuses, tips  |             | \$19,124.00                                 | ■ Wages, combonuses, tips                    | missions,                | \$76,417.74   |
|            |       |        |                                 |             | ☐ Operating a business   |             |   | ☐ Operating a                                | business                 |   |
|            |       |        | dar year before<br>December 31, |             | ■ Wages, commissions, bonuses, tips  |             | \$101,845.00                                | ■ Wages, combonuses, tips                    | missions,                | \$0.00  |
|            |       |        |                                 |             | ☐ Operating a business   |             |   | ☐ Operating a                                | business                 |   |
|            |       | each s |                                 | gross inco  | e and you have income that me from each source sepa                                  |             | _   | that you listed in lin                       |                          |   |
|            |       |        |                                 |             | Debtor 1<br>Sources of income<br>Describe below.                                     | each s      | s income from<br>source<br>e deductions and | Debtor 2<br>Sources of inc<br>Describe below |                          | Gross income<br>(before deductions<br>and exclusions) |
|            |       |        | dar year:<br>December 31,       | 2017)       | Workers<br>Compensation  | CAGIGO      | \$20,670.00                                 |  |                          |   |
|            |       |        | dar year before<br>December 31, |             | Workers<br>Compensation  |             | \$6,890.00                                  |  |                          |   |
|            |       |        |                                 |             |  | _           |   |  |                          |   |
| Par        | t 3:  | List   | Certain Paym                    | ents You    | Made Before You Filed for  | or Bankrup  | tcy   |  |                          |   |
| <b>)</b> _ |       |        | Neither Debte                   | or 1 nor D  | s debts primarily consun<br>ebtor 2 has primarily con<br>personal, family, or housel | sumer deb   |   | ts are defined in 11                         | U.S.C. § 10 <sup>-</sup> | 1(8) as "incurred by an                               |
|            |       |        | <b>–</b> ~                      | days befo   | re you filed for bankruptcy,   | did you pay | any creditor a tota                         | al of \$6,425* or mo                         | re?                      |   |
|            |       |        | □ Yes Li                        | st below e  | each creditor to whom you peditor. Do not include paym                               |             |   |  |                          |   |
|            |       |        |                                 |             | payments to an attorney fo<br>on 4/01/19 and every 3 ye                              |             |   | or after the date o                          | f adjustment             |   |
|            |       | Yes.   |                                 |             | r both have primarily con<br>re you filed for bankruptcy,                            |             |   | al of \$600 or more?                         | 1                        |   |
|            |       |        | ■ No. G                         | o to line 7 |  |             |   |  |                          |   |
|            |       |        | in                              | clude pay   | each creditor to whom you pents for domestic suppor this bankruptcy case.            |             |   |  |                          |   |
|            | Cre   | ditor' | s Name and A                    | ddress      | Dates of payr  | ment        | Total amount                                | Amount you                                   | Was this p               | payment for   |

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Yousif Youtem

| Debtor                    | 2 Amal Youtem  |                       |  | Cas  | se number (                   | f known)                            |   |
|---------------------------|--|-----------------------|--|--|-------------------------------|-------------------------------------|---|
| <i>Ins</i><br>of v<br>a b | thin 1 year before you filed for bankrup iders include your relatives; any general pwhich you are an officer, director, person usiness you operate as a sole proprietor. | oartners<br>in contro | ; relatives of any ge<br>ol, or owner of 20% | neral partners; partners or more of their voting | erships of w<br>g securities; | hich you are a ge<br>and any managi | eneral partner; corporation<br>ng agent, including one fo |
|                           | No Yes. List all payments to an insider.   |                       |  |  |                               |                                     |   |
| Ins                       | sider's Name and Address   | Date                  | es of payment                                | Total amount paid                                | Amount                        | you Reason                          | for this payment  |
| ins                       | thin 1 year before you filed for bankrup<br>ider?<br>lude payments on debts guaranteed or co   | -                     |  | •  | any propert                   | y on account of                     | a debt that benefited an                                  |
|                           | No   |                       |  |  |                               |                                     |   |
|                           | Yes. List all payments to an insider   |                       |  |  |                               |                                     |   |
| Ins                       | sider's Name and Address   | Date                  | es of payment                                | Total amount paid                                | Amount<br>still               | •                                   | for this payment creditor's name                          |
| Part 4:                   | Identify Legal Actions, Repossession   | ons, and              | d Foreclosures                               |  |                               |                                     |   |
| List                      | thin 1 year before you filed for bankrup<br>t all such matters, including personal injur<br>difications, and contract disputes.  | • •                   | , , ,  | •  | ,                             | •                                   |   |
|                           | No<br>Yes. Fill in the details.  |                       |  |  |                               |                                     |   |
|                           | ase title<br>ase number  | Nat                   | ure of the case                              | Court or agency                                  |                               | Status                              | of the case   |
|                           | thin 1 year before you filed for bankrup<br>eck all that apply and fill in the details bel   |                       | s any of your prop                           | erty repossessed, f                              | oreclosed,                    | garnished, attac                    | ched, seized, or levied?                                  |
| <b>=</b>                  | No. Go to line 11. Yes. Fill in the information below.   |                       |  |  |                               |                                     |   |
| Cr                        | reditor Name and Address   | Des                   | cribe the Property                           |  |                               | Date                                | Value of the  |
| 0.                        |  |                       | lain what happene                            | ed   |                               |                                     | property  |
|                           | thin 90 days before you filed for bankro<br>counts or refuse to make a payment be<br>No<br>Yes. Fill in the details.   |                       |  | cluding a bank or fii                            | nancial ins                   | itution, set off a                  | ny amounts from your                                      |
| Cr                        | reditor Name and Address   | Des                   | cribe the action th                          | e creditor took                                  |                               | Date action wa                      | as Amount   |
|                           | thin 1 year before you filed for bankrup<br>urt-appointed receiver, a custodian, or  |                       |  | erty in the possess                              | ion of an a                   |                                     | penefit of creditors, a                                   |
|                           | No<br>Yes  |                       |  |  |                               |                                     |   |
| Part 5:                   | List Certain Gifts and Contributions   | <b>i</b>              |  |  |                               |                                     |   |
| 13. <b>Wit</b><br>■       | thin 2 years before you filed for bankru   | ıptcy, d              | id you give any gif                          | ts with a total value                            | of more th                    | an \$600 per pers                   | son?  |
| Gi                        | Yes. Fill in the details for each gift.  fts with a total value of more than \$600 per person  | )                     | Describe the gifts                           | •  |                               | Dates you gave<br>the gifts         | e Value   |
|                           | erson to Whom You Gave the Gift and  |                       |  |  |                               |                                     |   |

Debtor 1

Case 18-00157 Doc 1 Filed 01/03/18 Entered 01/03/18 20:48:01 Desc Main Page 47 of 65 Document Debtor 1 Yousif Youtem Debtor 2 **Amal Youtem** Case number (if known) 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Amount of Description and value of any property Date payment Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You \$0.00 Law Office Of Kenneth Chapman \$3,250.00 Chapter 13 Plan 1901 N. Roselle Rd., Suite 800 Schaumburg, IL 60195 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Amount of Date payment Address transferred or transfer was payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No

**Address** 

Description and value of

property transferred

Describe any property or

paid in exchange

payments received or debts

Yes. Fill in the details.
Person Who Received Transfer

Person's relationship to you

Date transfer was

made

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Debtor 1 Yousif Youtem
Debtor 2 Amal Youtem

Case number (if known)

| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)   |   |                  |              |  |   |  |  |  |
|-----|---|---|------------------|--------------|--|---|--|--|--|
|     | No Yes. Fill in the details.  |   |                  |              |  |   |  |  |  |
|     | Name of trust   | Description and   | value of the pro | perty trans  | sferred  | Date Transfer was made                        |  |  |  |
| Do  | w 9. List of Contain Financial Associate Inst   | rumanta Safa Danasi   | t Bayes and C    | tarana Unit  | <b>1</b> 0   |   |  |  |  |
| Pa  | rt 8: List of Certain Financial Accounts, Instr   | ruments, Sare Deposi  | t Boxes, and S   | torage Unit  | is   |   |  |  |  |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage |   |                  |              |  |   |  |  |  |
|     | houses, pension funds, cooperatives, associa  |   |                  |              | it, Sildles III Daliks, Cleul                        | . umons, brokerage                            |  |  |  |
|     | Yes. Fill in the details.   |   |                  |              |  |   |  |  |  |
|     |   | Last 4 digits of account number                               | Type of acco     | ount or      | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |  |  |  |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?  | ear before you filed for                                      | r bankruptcy, a  | ny safe de   | posit box or other depos                             | itory for securities,                         |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |                  |              |  |   |  |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, S<br>State and ZIP Code) |                  | Describe     | the contents   | Do you still have it?                         |  |  |  |
| 22. | Have you stored property in a storage unit or   | •   | r home within 1  | l vear befor | re vou filed for bankrupto                           | cv?   |  |  |  |
|     | _   | <b>,</b>  |                  | <b>,</b>     | ,  | ,,  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |                  |              |  |   |  |  |  |
|     | Name of Storage Facility  | Who else has or   | had accoss       | Describe     | the contents   | Do you still                                  |  |  |  |
|     | Address (Number, Street, City, State and ZIP Code)  | to it? Address (Number, State and ZIP Code)                   |                  | Describe     | ine contents   | have it?                                      |  |  |  |
| Pa  | rt 9: Identify Property You Hold or Control fo  | or Someone Else   |                  |              |  |   |  |  |  |
| 23. |   |   | ude any prope    | rty you bor  | rowed from, are storing f                            | or, or hold in trust                          |  |  |  |
|     | ■ No  |   |                  |              |  |   |  |  |  |
|     | ☐ Yes. Fill in the details.   |   |                  |              |  |   |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the prop<br>(Number, Street, City, S<br>Code)        |                  | Describe     | the property   | Value   |  |  |  |
| Pa  | rt 10: Give Details About Environmental Inform  | mation  |                  |              |  |   |  |  |  |
| For | the purpose of Part 10, the following definition  | ns apply:   |                  |              |  |   |  |  |  |
|     | Environmental law means any federal, state, of toxic substances, wastes, or material into the regulations controlling the cleanup of these s  | air, land, soil, surfac                                       | e water, groun   |              |  |   |  |  |  |
|     | Site means any location, facility, or property a to own, operate, or utilize it, including dispos   | as defined under any  |                  | law, wheth   | er you now own, operate                              | , or utilize it or used                       |  |  |  |
|     | Hazardous material means anything an environment hazardous material, pollutant, contaminant, o  |   | as a hazardous   | s waste, ha  | zardous substance, toxid                             | c substance,                                  |  |  |  |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Yousif Youtem Debtor 2 Amal Youtem

Case number (if known)

| 24. | Has any g  | overnmental unit notified you that                                      | t you may be liable or potentially liab                                  | ole un  | der or in violation of an environme | ntal law?          |  |  |  |
|-----|--|---|--|---------|-------------------------------------|--------------------|--|--|--|
|     | _  | Fill in the details.  |  |         |                                     |                    |  |  |  |
|     | Name of<br>Address   | Site<br>(Number, Street, City, State and ZIP Code)                      | Governmental unit<br>Address (Number, Street, City, State :<br>ZIP Code) | and     | Environmental law, if you know it   | Date of notice     |  |  |  |
| 25. | Have you   | notified any governmental unit of                                       | any release of hazardous material?                                       |         |                                     |                    |  |  |  |
|     | ■ No<br>□ Yes.   | Fill in the details.  |  |         |                                     |                    |  |  |  |
|     | Name of Address  | Site<br>(Number, Street, City, State and ZIP Code)                      | Governmental unit<br>Address (Number, Street, City, State a<br>ZIP Code) | and     | Environmental law, if you know it   | Date of notice     |  |  |  |
| 26. | Have you   | been a party in any judicial or adn                                     | ninistrative proceeding under any en                                     | viron   | nmental law? Include settlements ar | nd orders.         |  |  |  |
|     | ■ No<br>□ Yes.   | Fill in the details.  |  |         |                                     |                    |  |  |  |
|     | Case Titl<br>Case Nu   |   | Court or agency Name Address (Number, Street, City, State and ZIP Code)  | Na      | ature of the case                   | Status of the case |  |  |  |
| Par | t 11: Giv  | e Details About Your Business or  | Connections to Any Business  |         |                                     |                    |  |  |  |
| 27. | Within 4 y   | ears before you filed for bankrupt                                      | cy, did you own a business or have                                       | any o   | f the following connections to any  | business?          |  |  |  |
|     |  | sole proprietor or self-employed in                                     | n a trade, profession, or other activit                                  | y, eitl | her full-time or part-time          |                    |  |  |  |
|     | ПΑ   | member of a limited liability comp                                      | any (LLC) or limited liability partners                                  | ship (I | LLP)                                |                    |  |  |  |
|     | ΠA   | partner in a partnership  |  |         |                                     |                    |  |  |  |
|     | □ A  | ☐ An officer, director, or managing executive of a corporation          |  |         |                                     |                    |  |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation  |   |  |         |                                     |                    |  |  |  |
|     | ■ No. N  | lone of the above applies. Go to F                                      | Part 12.   |         |                                     |                    |  |  |  |
|     | ☐ Yes.   | Check all that apply above and fill                                     | in the details below for each busine                                     | ss.     |                                     |                    |  |  |  |
|     | Business   | s Name  | Describe the nature of the business                                      | s       | Employer Identification number      |                    |  |  |  |
|     | Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Name of accountant or bookkeeper  Dates business existed |   |  |         |                                     |                    |  |  |  |
| 28. |  | rears before you filed for bankrupt<br>ns, creditors, or other parties. | cy, did you give a financial statemen                                    | it to a | nyone about your business? Includ   | de all financial   |  |  |  |
|     | ■ No<br>□ Yes.   | Fill in the details below.  |  |         |                                     |                    |  |  |  |
|     | Name<br>Address<br>(Number, St   | reet, City, State and ZIP Code)   | Date Issued  |         |                                     |                    |  |  |  |
|     |  |   |  |         |                                     |                    |  |  |  |

Case 18-00157 Doc 1 Filed 01/03/18 Entered 01/03/18 20:48:01 Document Page 50 of 65 **Yousif Youtem** Debtor 1 Debtor 2 **Amal Youtem** Case number (if known) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Yousif Youtem /s/ Amal Youtem

Yousif Youtem **Amal Youtem** Signature of Debtor 1 Signature of Debtor 2 Date January 3, 2018 January 3, 2018

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Desc Main

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-00157 Doc 1 Filed 01/03/18 Entered 01/03/18 20:48:01 Desc Main Document Page 55 of 65

### **United States Bankruptcy Court** Northern District of Illinois

| In re | Yousif Youtem Amal Youtem                  |   | Case No.        |                           |
|-------|--|---|-----------------|---------------------------|
|       |  | Debtor(s)                                 | Chapter         | 13                        |
|       |  |   |                 |                           |
|       | VE   | ERIFICATION OF CREDITOR M                 | ATRIX           |                           |
|       |  | Number of                                 | Creditors:      | 44                        |
|       | The above-named Debtor(s) (our) knowledge. | ) hereby verifies that the list of credit | ors is true and | correct to the best of my |
| Date: | January 3, 2018                            | /s/ Yousif Youtem Yousif Youtem           |                 |                           |
|       |  | Signature of Debtor                       |                 |                           |
| Date: | January 3, 2018                            | /s/ Amal Youtem                           |                 |                           |
|       |  | Amal Youtem                               |                 |                           |
|       |  | Signature of Debtor                       |                 |                           |

Acceptance Now Attn: Bankruptcy 5501 Headquarters Dr Plano, TX 75024

American Web Loans 2128 North 14th St., Suite 130 Ponca City, OK 74601

ARS/Account Resolution Specialist Po Box 459079 Sunrise, FL 33345

Asset Acceptance Corp PO Box 2036 Warren, MI 48090-2036

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

CDA / Pontiac Attn: Bankruptcy PO Box 213 Streator, IL 61364

Cda/Pontiac Attn:Bankruptcy PO Box 213 Streator, IL 61364

Chase Auto Finance National Bankruptcy Dept 201 N Central Ave Phoenix, AZ 85004

City Of Chicago Department Of Finance Chicago, IL 60680-1292

City Of Chicago Department Of Finance PO Box 88292 Chicago, IL 60680-1292 Comenity / Capital / Biglot 3100 Easton Square Place Columbus, OH 43219

Comenity Bank / Carsons PO Box 182789 Columbus, OH 43218

Comenity Bank / Carsons PO Box 182125 Columbus, OH 43218

Comenity Bank / Express Attn: Bankruptcy PO Box 182125 Columbus, OH 43218

Comenity Bank / New York AttN: Bankruptcy PO Box 182125 Columbus, OH 43218

Credit One Bank NA PO Box 98873 Las Vegas, NV 89193

Diana Nathan 1309 Somerset Lane Schaumburg, IL 60193

DSNB / Macy's Attn: Bankruptcy PO Box 8053 Mason, OH 45040

First Eagle 600 Red Brook Blvd., Suite 3 Owings Mills, MD 21117

Genesis Bankcard Services 15220 Nw Greenbrier Pkwy Ste 200 Beaverton, OR 97006 Genesis Bankcard Services PO Box 4499 Beaverton, OR 97076

Harvard Collection Services 4839 N. Elston Ave. Chicago, IL 60630-2534

Hunter Warfield Attention: Bankruptcy 4620 Woodland Corporate Blvd Tampa, FL 33614

Ilinois Department Of Revenue Springfield, IL 62726-0001

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101

Keynote Consulting 220 West Campus Drive, Suite 102 Arlington Heights, IL 60004

Kohls / Capital One Kohls Credit PO Box 3043 Milwaukee, WI 53201

Laboratory Corporation Of America PO Box 2240 Burlington, NC 27216-2240

M & T Bank PO Box 844 Buffalo, NY 14240

Malcolm S Gerald & Associates 332 S. Michigan Ave., Suite 600 Chicago, IL 60604

Midland Funding Attn: Bankruptcy PO Box 939069 San Diego, CA 92193

MiraMed Revenue Group 991 Oak Creek Dr. Lombard, IL 48277-0304

NEA Associates 541 10 Street, Suite 419 Atlanta, GA 30318

PNC Bank PO Box 856177 Louisville, KY 40285-6177

PNC Bank Credit Card PO Box 5570 Mailstop BR- YB58-01-5 Cleveland, OH 44101

Portfolio Recovery Bankruptcy PO Box 41067 Norfolk, VA 23541

Professional Account Management PO Box 741 Mmilwaukee, WI 53201-1487

Receivables Mgmt Partn 2250 E Devon Ave. Suite 352 Des Plaines, IL 60018

Regional Recovery Service 5252 Hohman Hammond, IN 46325

Santander Consumer USA Po Box 961245 Ft Worth, TX 76161 Synchrony Bank/Walmart Attn: Bankruptcy PO Box 965060 Orlando, FL 32896

Verizon Wireless Attn: Bankruptcy 500 Tecnolgy Dr Ste 500 Weldon Springs, MO 63304

Verizon Wireless PO Box 650051 Dallas, TX 75265

Web Bank / Fingerhut 6250 Ridgewood Rd. Saint Cloud, MN 56303

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|  | otor 1 Yousif Youtem otor 2 Amal Youtem                              |                                  |  | Case numbe   | t (if known)  |  |  |  |
|--|--|----------------------------------|--|--|---|--|--|--|
| Par  | t 6: Answer These Ques   | tions for F                      | Reporting Purposes   |  |   |  |  |  |
| 16.  | What kind of debts do you have?                                      | 16a.                             | Are your debts primarily consindividual primarily for a person   | sumer debts? Consumer debts are definal, family, or household purpose."  | ned in 11 U.S.C. § 101(8) as "incurred by an                                |  |  |  |
|  |  |                                  | ☐ No. Go to line 16b.  | ☐ No. Go to line 16b.  |   |  |  |  |
|  |  |                                  | Yes. Go to line 17.  |  |   |  |  |  |
|  |  | 16b.                             | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |  |   |  |  |  |
|  |  |                                  | ☐ No. Go to line 16c.  |  |   |  |  |  |
|  |  |                                  | ☐ Yes. Go to line 17.  |  |   |  |  |  |
|  |  | 16c.                             | State the type of debts you owe  | State the type of debts you owe that are not consumer debts or business debts  |   |  |  |  |
| 17.  | Are you filing under<br>Chapter 7?                                   | ■ No.                            | I am not filing under Chapter 7.   | Go to line 18.   |   |  |  |  |
|  | Do you estimate that<br>after any exempt<br>property is excluded and | ☐ Yes.                           | I am filing under Chapter 7. Do are paid that funds will be availa   | you estimate that after any exempt propable to distribute to unsecured creditors?  | erty is excluded and administrative expenses                                |  |  |  |
|  | administrative expenses are paid that funds will                     |                                  | □ No   |  |   |  |  |  |
|  | be available for<br>distribution to unsecured<br>creditors?          |                                  | Yes  |  |   |  |  |  |
| 18.  | How many Creditors do  | <b>■</b> 1-49                    |  | □ 1,000-5,000  | □ 25,001-50,000   |  |  |  |
|  | you estimate that you owe?   | □ 50-99                          |  | <b>5001-10,000</b>   | □ 50,001-100,000  |  |  |  |
|  |  | □ 100-1<br>□ 200-9               |  | ☐ 10,001-25,000  | ☐ More than100,000  |  |  |  |
| 19.  | How much do you  | □ \$0 - \$                       | 550 000  | □ \$1,000,001 - \$10 million   | □ ¢500,000,001, ¢4 billion  |  |  |  |
|  | estimate your assets to be worth?                                    |                                  | 001 - \$100,000  | ☐ \$10,000,001 - \$50 million  | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion              |  |  |  |
|  | be wordn:  |                                  | ,001 - \$500,000   | □ \$50,000,001 - \$100 million   | ☐ \$10,000,000,001 - \$50 billion   |  |  |  |
|  |  | □ \$500.                         | ,001 - \$1 million   | ☐ \$100,000,001 - \$500 million  | ☐ More than \$50 billion  |  |  |  |
| 20.  | How much do you  | □ \$0 - \$                       | 550,000  | ☐ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion   |  |  |  |
|  | estimate your liabilities to be?                                     |                                  | 001 - \$100,000  | ☐ \$10,000,001 - \$50 million  | ☐ \$1,000,000,001 - \$10 billion  |  |  |  |
|  |  |                                  | ,001 - \$500,000   | □ \$50,000,001 - \$100 million   | □ \$10,000,000,001 - \$50 billion   |  |  |  |
|  |  | ⊔ \$500,<br>———                  | ,001 - \$1 million   | □ \$100,000,001 - \$500 million  | ☐ More than \$50 billion  |  |  |  |
| Par  | 7: Sign Below  |                                  |  |  |   |  |  |  |
| For  | you  | I have ex                        | camined this petition, and I declar  | e under penalty of perjury that the inform   | nation provided is true and correct.  |  |  |  |
| If I have chosen to file under Chapter 7, I am aware that I may United States Code. I understand the relief available under each   |  |                                  | chosen to file under Chapter 7, I a tates Code. I understand the relie   | am aware that I may proceed, if eligible,<br>if available under each chapter, and I ch   | under Chapter 7, 11,12, or 13 of title 11, cose to proceed under Chapter 7. |  |  |  |
| If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill or document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |  |                                  |  |  | an attorney to help me fill out this  |  |  |  |
|  |  | I request                        | relief in accordance with the chap   | pter of title 11, United States Code, spec   | ified in this petition.   |  |  |  |
|  |  | l underst<br>bankrupt<br>and 357 | icy case can∦resūft√in fines up to \$  | and making a false statement, concealing property, or obtaining money or property by fraud in connection wit<br>cy case cangesuit in fines up to \$250,000, or imprisonment for up to 20 years, or both, 18 U.S.C. §§ 152, 134 |   |  |  |  |
|  |  |                                  | Youtem<br>e of Debtor 1  | Amal Youtem Signature of Debtor  | 3,000   |  |  |  |
|  |  | -                                | 11-10  | _  | -<br>   |  |  |  |
|  |  | Executed                         | MM/DD/YYYY   | Executed on MM   | / DD/YYYY   |  |  |  |

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Yousif Youtem Debtor 1 Debtor 2

Document

Case number (if known) **Amal Youtem** 

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect

Signature of Attorney for Debtor

Date

Kenneth J. Chapman 6284537

Printed name

Law Office Of Kenneth J. Chapman

Firm name

1901 N. Roselle Rd., Suite 800

Schaumburg, IL 60195

Number, Street, City, State & ZIP Code

Contact phone (800) 741-1504

Email address

KJChap@netscape.com

6284537

Bar number & State

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| btor 1   | Yousif Youtem   |   |   |  |  |
|--|---|---|---|--|--|
|  | First Name  | Middle Name   | Last Name   |  |  |
| otor 2   | Amal Youtem   |   |   |  |  |
| use if, filing)  | First Name  | Middle Name   | Last Name   |  |  |
| ed States Ba   | ankruptcy Court for the:  | NORTHERN DIST   | RICT OF ILLINOIS  | ·  | 4  |
| e number   |   |   |   |  |  |
| own)   |   |   |   |  | ☐ Check if this is an  |
|  |   |   |   |  | amended filing   |
|  | eople are filing togeth   |   | al Debtor's   |  |  |
| o married pe<br>must file thi<br>ining money   | s form whenever you   | er, both are equally refile bankruptcy scheo  | esponsible for supplying  | correct information.   | atement, concealing property, o<br>000, or imprisonment for up to    |
| o married po<br>must file thi<br>ining money<br>s, or both. 1                        | s form whenever you<br>y or property by fraud   | er, both are equally refile bankruptcy scheo  | esponsible for supplying  | correct information.   | atement, concealing property, o<br>000, or imprisonment for up to    |
| o married per<br>must file thi<br>ining money<br>s, or both. 1                       | s form whenever you<br>y or property by fraud<br>8 U.S.C. §§ 152, 1341,<br>n Below                                | er, both are equally refile bankruptcy sched<br>in connection with a<br>1519, and 3571. | esponsible for supplying  | correct information.<br>ules. Making a false sta<br>sult in fines up to \$250,   | 000, or imprisonment for up to                                       |
| o married per<br>must file thi<br>ining money<br>s, or both. 1                       | s form whenever you<br>y or property by fraud<br>8 U.S.C. §§ 152, 1341,<br>n Below                                | er, both are equally refile bankruptcy sched<br>in connection with a<br>1519, and 3571. | esponsible for supplying<br>dules or amended sched<br>bankruptcy case can res | correct information.<br>ules. Making a false sta<br>sult in fines up to \$250,   | atement, concealing property, o<br>000, or imprisonment for up to    |
| o married po<br>must file thi<br>ining money<br>s, or both. 1<br>Sig<br>Did you pa   | s form whenever you y or property by fraud 8 U.S.C. §§ 152, 1341, n Below   | er, both are equally refile bankruptcy sched<br>in connection with a<br>1519, and 3571. | esponsible for supplying<br>dules or amended sched<br>bankruptcy case can res | correct information. ules. Making a false sta<br>sult in fines up to \$250,  | 000, or imprisonment for up to                                       |
| must file thi aining money rs, or both. 1  Sig  Did you pa                           | s form whenever you<br>y or property by fraud<br>8 U.S.C. §§ 152, 1341,<br>n Below                                | er, both are equally refile bankruptcy sched<br>in connection with a<br>1519, and 3571. | esponsible for supplying<br>dules or amended sched<br>bankruptcy case can res | correct information. ules. Making a false sta<br>sult in fines up to \$250,  | 000, or imprisonment for up t  |
| o married po<br>must file thi<br>ining money<br>s, or both. 1<br>Sig<br>Did you pa   | s form whenever you y or property by fraud 8 U.S.C. §§ 152, 1341, n Below   | er, both are equally refile bankruptcy sched<br>in connection with a<br>1519, and 3571. | esponsible for supplying<br>dules or amended sched<br>bankruptcy case can res | correct information.  ules. Making a false state of the s | 000, or imprisonment for up to                                       |
| o married por<br>must file thi<br>ining money<br>s, or both. 1<br>Sign<br>Did you pa | s form whenever you y or property by fraud 8 U.S.C. §§ 152, 1341,  n Below  y or agree to pay som                 | er, both are equally refile bankruptcy sched<br>in connection with a<br>1519, and 3571. | esponsible for supplying dules or amended sched bankruptcy case can res       | correct information.  ules. Making a false state of the s | ankruptcy Petition Preparer's Notion, and Signature (Official Form   |
| o married por must file thi ining mone, s, or both. 1  Sig  Did you pa  No  Yes. N   | s form whenever you y or property by fraud 8 U.S.C. §§ 152, 1341,  n Below  y or agree to pay som  Name of person | er, both are equally refile bankruptcy sched<br>in connection with a<br>1519, and 3571. | esponsible for supplying<br>dules or amended sched<br>bankruptcy case can res | correct information.  ules. Making a false state of the s | ankruptcy Petition Preparer's Notion, and Signature (Official Form   |
| o married por must file thi ining mone, s, or both. 1  Sig  Did you pa  No  Yes. N   | s form whenever you y or property by fraud 8 U.S.C. §§ 152, 1341,  n Below  y or agree to pay som                 | er, both are equally refile bankruptcy sched<br>in connection with a<br>1519, and 3571. | esponsible for supplying dules or amended sched bankruptcy case can res       | correct information.  ules. Making a false state of the s | ankruptcy Petition Preparer's Notion, and Signature (Official Form   |
| must file thing moneys, or both. 1  Significant Significant No  Yes. No              | s form whenever you y or property by fraud 8 U.S.C. §§ 152, 1341,  n Below  y or agree to pay som  Name of person | er, both are equally refile bankruptcy sched<br>in connection with a<br>1519, and 3571. | esponsible for supplying dules or amended sched bankruptcy case can res       | correct information.  ules. Making a false state of the s | ankruptcy Petition Preparer's Notion, and Signature (Official Form 1 |

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|              | ebtor 1 Yousif Youtem ebtor 2 Amal Youtem  | Ca   | ase number (if known)   |                                     |  |  |  |  |
|--------------|--|--|---|-------------------------------------|--|--|--|--|
| 25.          | Have you notified any governmental unit of   | f any release of hazardous material?                                       |   |                                     |  |  |  |  |
|              | ■ No □ Yes. Fill in the details.   |  |   |                                     |  |  |  |  |
|              | Name of site Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it   | Date of notice                      |  |  |  |  |
| 26.          | Have you been a party in any judicial or ad  | ministrative proceeding under any environ                                  | mental law? Include settlements a   | nd orders.                          |  |  |  |  |
|              | No   |  |   |                                     |  |  |  |  |
|              | ☐ Yes. Fill in the details.  Case Title  | Court or agency Na   | ature of the case   | Status of the                       |  |  |  |  |
|              | Case Number  | Name Address (Number, Street, City, State and ZIP Code)                    |   | case                                |  |  |  |  |
| Pa           | art 11: Give Details About Your Business or  | Connections to Any Business  |   |                                     |  |  |  |  |
| 27.          | Within 4 years before you filed for bankrup  | tcy, did you own a business or have any o                                  | f the following connections to any  | business?                           |  |  |  |  |
|              | $\square$ A sole proprietor or self-employed   | in a trade, profession, or other activity, eit                             | her full-time or part-time  |                                     |  |  |  |  |
|              | ☐ A member of a limited liability com  | pany (LLC) or limited liability partnership (                              | LLP)  |                                     |  |  |  |  |
|              | ☐ A partner in a partnership   |  |   |                                     |  |  |  |  |
|              | ☐ An officer, director, or managing ex   | ecutive of a corporation   |   |                                     |  |  |  |  |
|              | ☐ An owner of at least 5% of the voti  | ng or equity securities of a corporation                                   |   |                                     |  |  |  |  |
|              | No. None of the above applies. Go to Part 12.  |  |   |                                     |  |  |  |  |
|              | ☐ Yes. Check all that apply above and fill in the details below for each business.   |  |   |                                     |  |  |  |  |
|              | Business Name<br>Address   | Describe the nature of the business  | Employer Identification number Do not include Social Security number or ITIN. |                                     |  |  |  |  |
|              | (Number, Street, City, State and ZIP Code)   | Name of accountant or bookkeeper   | Dates business existed  |                                     |  |  |  |  |
| 28.          | Within 2 years before you filed for bankrup institutions, creditors, or other parties.   | tcy, did you give a financial statement to a                               | nyone about your business? Inclu  | de all financial                    |  |  |  |  |
|              | No   |  |   |                                     |  |  |  |  |
|              | Yes. Fill in the details below.  |  |   |                                     |  |  |  |  |
|              | Name<br>Address  | Date Issued  |   |                                     |  |  |  |  |
| _            | (Number, Street, City, State and ZIP Code)   |  |   | No.                                 |  |  |  |  |
| Pa           | art 12: Sign Below   |  |   |                                     |  |  |  |  |
| are<br>with  | ave read the answers on this Statement of Finction 1 true and correct. I understand that making a hability and to the hability case can result in fines up to U.S.C. §§ 152, 1341, 1519, and 3571. | false statement, concealing property, or o                                 | obtaining money or property by fra  | nat the answers<br>ud in connection |  |  |  |  |
|              |  | Breed youth  |   |                                     |  |  |  |  |
|              | ousif Youtem<br>gnature of Debtor 1  | Amal Youtem Signature of Debtor 2  |   |                                     |  |  |  |  |
| Da           | nte 12/18  | Date 1/2/K   |   |                                     |  |  |  |  |
| Did<br>III N | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1  | ent of Financial Affairs for Individuals Filin                             | ng for Bankruptcy (Official Form 10   | 7)?                                 |  |  |  |  |
| <b>I</b>     |  |  | -   |                                     |  |  |  |  |
|              | Yes. Name of Person Attach the Bankru  |  | · ·   |                                     |  |  |  |  |
| Offic        | cial Form 107 Staten   | nent of Financial Affairs for Individuals Filing for                       | Bankruptcy  | page 6                              |  |  |  |  |

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### **United States Bankruptcy Court** Northern District of Illinois

| In re | Yousif Youtem<br>Amal Youtem                   |  | Case No.       |                           |
|-------|--|--|----------------|---------------------------|
|       |  | Debtor(s)                              | - Chapter      | 13                        |
|       |  |  |                |                           |
|       | VERIF  | TICATION OF CREDITOR MA                | ATRIX          |                           |
|       |  | Number of C                            | reditors:      | 2:                        |
|       |  |  |                |                           |
|       | The above-named Debtor(s) her (our) knowledge. | eby verifies that the list of creditor | rs is true and | correct to the best of my |
|       | . ,  |  |                |                           |
|       |  |  |                |                           |
| Date: | 1/2/10   | 1                                      |                | •                         |
|       |  | Yousif Youtem                          |                |                           |
|       |  | Signature of Debtor                    |                |                           |
| Date: | 11011  | Come youte                             |                |                           |
|       |  | Amal Youtem                            |                |                           |
|       |  | Signature of Debtor                    |                |                           |